

SOCIAL EMOTIONAL LEARNING: A PROFESSIONAL DEVELOPMENT MODEL FOR
FAMILY CHILD CARE PROVIDERS

by
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Abstract

Social/emotional competencies have been identified as some of the most important abilities that support early school success and the development of academic proficiency during elementary school (Denham et al., 2012). However, currently there are no required professional development opportunities for family child care providers on the topic. When professional development is offered to family child care providers, the content and format of the offerings are not always designed for their needs. This current structure of misaligned professional development content affects the quality of programs, including the relationships between child care providers and children, which in turn impacts children's social/emotional development (Votruba-Drzal et al., 2004). A professional development structure aligned with the Pyramid Model (Fox et al., 2003) was used as an intervention to provide social/emotional content specifically to family child care providers. The focus was on the adult learner using the methods of Bloom (1976) and Knowles (1980) with the purpose of meeting family child care providers' learning needs. In addition, coaching was provided for additional implementation support. Working with thirty family child care providers specifically on social/emotional learning through professional development, and a coaching variable for fifteen providers, showed positive impact on program quality.

Keywords: family child care providers, social/emotional development, pyramid model, professional development

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Dedication

This dissertation is dedicated to my family.

I am the first person in my family to go to college. We are not a family of scholars or academics, but we are one of hard workers who support each other through the best and worst. Every part of who I am is because of my parents, and for that I am eternally grateful.

My dad—my forever hero. You taught me the power of being a fighter. The power of never giving up, and the power of liking terrible sports teams and amazing music. Whenever I think that I can't, I pull from your strength to keep going.

My mother taught me the power of family, of sacrificing for the people you love, of being a nurturer, and how to make sauce. Without you I never would have begun my work in education; I started this journey to give children the same experiences you provided me when I was young.

Thank you both for making me who I am.

Samantha, my little sister and best friend, so much of who we are is reflected in each other. Thank you for your humor, your realism, and your support through not only this dissertation, but through my entire life. We'll live forever.

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When I started my doctoral program, a student a few years ahead of me sat down with a few of us at orientation. She spoke about how hard this journey was, about the sacrifices she made, and even mentioned that she had many friends stop speaking to her because she was so busy. Throughout this program my friends have remained by my side and provided support, comic relief, and constant reminders about who I am. One of those friends, Amanda Karby: I am honored that your eyes were the last to grace the work that has encompassed my life. I really (x7) am so thankful for you.

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Chapter 1

Understanding the Problem of Practice

Social/emotional competencies have been identified as some of the most important abilities that support students' early elementary school success and the development of academic proficiency (Denham et al., 2012). This review of research literature begins with a detailed look at the problem of practice regarding the social/emotional learning of young children who attend family child care programs, compared to their peers who attend Head Start programs. Family child care programs are child care facilities located in the child care provider home. There is significant variance in state policy between family child care programs (NYS OCFS, 2016) and Head Start programs (U.S. Department of Health and Human Services, n.d.) regarding teacher professional development on social/emotional learning. Head Start programs require head teachers to have at least a bachelor's degree, and in many cases, the teachers must hold a teaching credential (Program Management & Fiscal Operations, 2016). Family child care providers only need to take a 12-hour course health and safety course before opening a program (NYS OCFS, 2016), with no other professional learning required before working with children. Within two years, they must complete an additional 30 hours of training on topics ranging from child abuse to business management. Because of the current structure of the required training, children who attend family child care programs often enter public schools needing to catch up on their basic foundational skills because they are not provided with the same level of education as their peers in other child care programs. This difference in learning intensifies the widening of the achievement gap (Crosnoe & Cooper, 2010).

Problem of Practice

There are inadequate professional preparation and educational standards for family child care providers (Mitchell & Morgan, 2000). The current structure of teacher preparation and

professional learning impacts student outcomes, particularly around student social/emotional learning (Votruba-Drzal et al., 2004). The National Association of Child Care Resource and Referral Agencies (2008) reported that only nine states require family child care providers to complete pre-service professional development, 12 states only require professional development during teachers' licensure periods, while 38 states require ongoing professional development. The requirements of the number of professional development hours required ranges from 3 to 45 hours. Among the states that require professional development, the emphasis of the regulation was on the number of hours rather than the content of the learning. In the state that this problem is situated, family child care providers are not required to attend pre-service pedagogical professional development (NYS OCFS, 2017; Philips et al., 1990). These professional development requirements impact young children's social/emotional development by affecting the quality of programs, including the relationships built between family child care providers and children (Votruba-Drzal et al., 2004).

Framework: Ecological Systems Theory

To frame this problem of practice and the factors that have an impact on children's social/emotional development, Bronfenbrenner's ecological model is used to illustrate the proximal processes that affect the social/emotional learning of a child in a family child care program. Bronfenbrenner (1994) describes the ecological model as a set of nested structures, with each system building upon the one below. Figure 1 depicts the factors that influence a child's social/emotional learning within a family child care setting. These factors will be discussed within Bronfenbrenner's model, with the innermost levels having the most direct contact with the child, to the outermost influences that impact the child more indirectly.

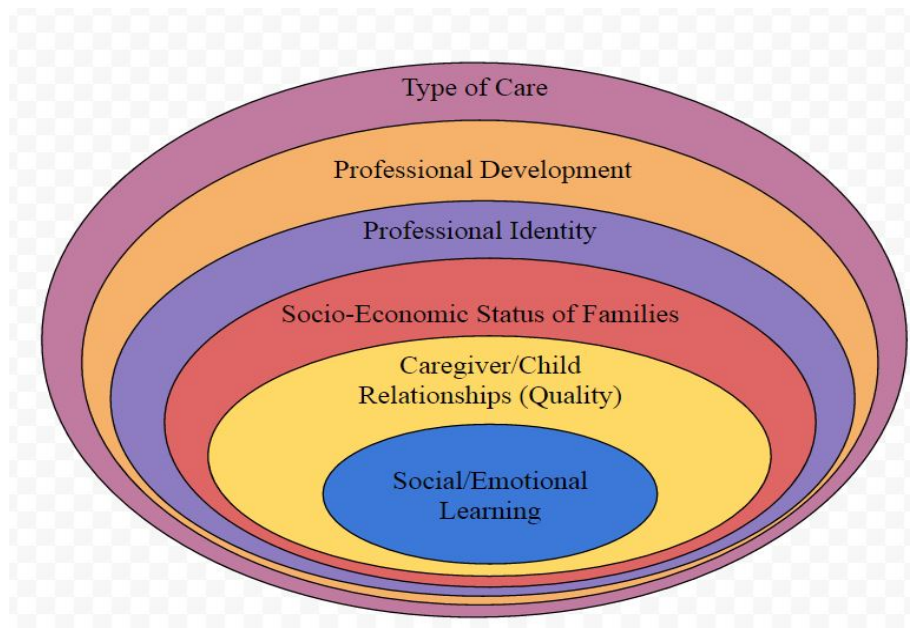


Figure 1. Ecological systems theory model. Adapted from ““Ecological Models of Human Development,” by U. Bronfenbrenner, 1994, in *International Encyclopedia of Education* (pp. 37-42). Copyright 1994 by Elsevier.

The center of this ecosystem is children’s social/emotional learning. The microsystem, or immediate environment, where proximal processes work to impact development (Bronfenbrenner, 1994) within this study, is the quality of the child care program. Within the microsystem for this problem of practice, children’s social/emotional learning comes from the direct relationship they have with their caregiver. It is this relationship that this study defines as *quality* care (Fuller et al., 2004; Kontos et al., 1994) and the microsystem contains the structures with which the child has direct contact. The next level, the mesosystem, is a system of microsystems that include the developing person (Bronfenbrenner, 1994). For a young child, the mesosystem in this study is the link between family and the child’s care environment. How families choose child care is a factor in this study, although the role of the family will not be explored in regard to children’s social/emotional development. The exosystem is a level that links two or more settings, but where the events impact the immediate setting (Bronfenbrenner, 1994). For the purpose of this study, the exosystem is professional development. Professional

development, while not directly attended by the child, impacts the relationship between the caregiver and child, and thus the quality of the child care program (Votruba-Drzal et al., 2004). The macrosystem is the overarching characteristics of a culture or subculture, with specific regard to belief systems where the influence of those characteristics affects interactions of all other layers (Bronfenbrenner, 1994). Caregiver professional identity is the macrosystem in this model, as it impacts each of the previous levels. The perception of how a caregiver views the role they play in a child's life (Nelson, 2010) and their motivation for child care work (Torquati et al., 2007) influences their interactions with a child, as well as their interest to attend professional development. The last layer is the chronosystem, which Bronfenbrenner (1994) describes as the influence on development over time within the environments in which the person lives. In this study, the chronosystem becomes the selected care environment showing the difference in practice and care between family child care and Head Start, and how those differences affect a child's development (Fuller et al., 2004). This review will explore the research on the constructs identified in the systems to find other factors that impact social/emotional learning, or will address the factors that affect social/emotional learning within varied early childhood settings.

Social/Emotional Learning Defined

Children use their emotions to facilitate their learning, and because of this, social/emotional learning has been identified as crucial to a preschooler's well-being, mental health, and school success, not only in early childhood but also as they mature (Denham, 2006). School success and academic growth are affected by the social/emotional competencies developed in early childhood (Denham et al., 2012; Jennings & DiPrete, 2010; Romano et al., 2010). A study conducted in Australia utilized a social/emotional development skills curriculum

called You Can Do It!, with 99 preparatory and Grade 1 students, ranging in age from 5 to 6 years. The researchers, Ashdown and Bernard (2012), found that social/emotional competence was a predictor of achievement in 5 year-olds. Conversely, other studies found that children who have difficulties paying attention, following directions, forming friendships, and controlling anger, do more poorly in school (Arnold et al., 1999; McClelland et al., 2000).

There are multiple interpretations of what encompasses social/emotional learning. For the purpose of this research study, the definition developed by The Collaborative for Academic, Social, and Emotional Learning (CASEL) will be utilized. CASEL defines social/emotional learning as,

the process through which children and adults acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging social situations constructively. (CASEL, 2017)

CASEL's definition has been adopted by several researchers as a relevant and accepted framework (Payton et al., 2000; Zins & Elias, 2006). The core competencies described by CASEL are outlined in Figure 2.

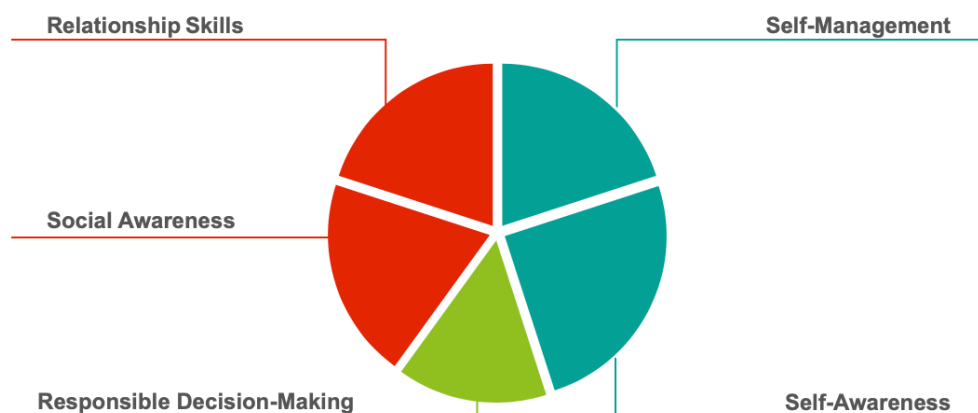


Figure 2. Social & Emotional Learning Core Competencies. Adapted from Core SEL competencies, CASEL. Retrieved June 7, 2020, from: <http://www.casel.org/core-competencies/>. Copyright 2017 by CASEL.

The core competencies are not innate, and all children have the ability to be taught these skills and have them improve over time (Durlak et al., 2011). The dilemma is that most child care providers, including family child care providers have not had the opportunity to learn about the broad range of emotional needs shown by children (Bagdi & Vacca, 2005). The following review will address the factors that affect social/emotional learning within varied early childhood settings.

Review of Research Literature

The level of professional development for family child care providers has been identified as a factor that can directly and indirectly impact a child's social/emotional learning. To find other factors that impact social/emotional learning, research was conducted by searching databases such as JSTOR, ERIC, and Johns Hopkins Sheridan Library's catalog. Search terms were also researched via Google Scholar and WorldCat. The research was vast and varied, with data dating back into the 1970s. Preference in research for inclusion in this study was given to empirical, peer-reviewed sources published after 2000. Research conducted before 2000 was used in conjunction with a more recent source to support their claims.

This synthesis is organized using the following constructs from the literature:

- child care program quality, defined as relationships between children and their teacher or child care provider
- socioeconomic status of families

- professional identity, defined as the way family child care providers and Head Start teachers view themselves within the education space
- general professional development
- type of care environment

Child Care Program Quality

Quality in child care can have multiple meanings based on different perspectives as evidenced by the work of Ceglowski (2004). The definition of quality was explored via 38 different focus groups, for a participant total of 333 people. The focus groups included various stakeholders interested or involved in child care quality including parents, legislators, day care staff, administrators, licensed and unlicensed family child care providers, licensors, teachers, and those from child care resource and referral agencies. All participants involved in the groups were asked the same questions, including “What are the three key components of a quality program?” and “What do you consider to be the single most important factor that will lead to quality care?” (Ceglowski, 2004, p. 104). Data were analyzed and three key themes emerged: characteristics of child care providers, characteristics of child care programs, and child outcomes related to quality care. Family child care providers, program administrators, and teachers most frequently said professionalism and commitment to further education through professional development was a characteristic of quality in early childhood educators. Parents, however, said communication between caregivers and families was most important. Licensors said a structured learning environment that provides culturally responsive care is a characteristic of quality. Culturally responsive practice is often defined as using the experiences and perspectives of children and their families as a tool to support them more effectively (Gay, 2002). The quality indicators reported by Ceglowski (2004) are reflective of each person’s stake in child care.

As found by the seminal work of Phillips et al. (1987), program quality influences social/emotional development of children. Their study examined the correlation between a child's social development and the quality of their child care environment in Bermuda. The research was conducted to address two shortcomings the authors saw in prior research on the topic of social development and the quality of a care environment. One shortcoming was selection bias, so in response the Phillips et al. (1987) study was conducted by investigating nine different programs. In Bermuda, 85% of children spend a majority of their time in child care by the time they are 2 years old. By utilizing programs in Bermuda the researchers reduced selection bias of children who might be new to a program. The study population included 166 children, ages three and over, who were in child care for at least six months. The research was a mixed method design including utilizing observational coding, which included assessing the quality of the environment through the Early Childhood Environment Rating Scale (ECERS) (Harms et al., 1998); and the Day Care Environment Inventory (Prescott, 1972), a researcher-developed observational coding system. Children's social development was assessed using the Classroom Behavior Inventory (Schaeffer and Edgerton, 1978), the Preschool Behavior Questionnaire (Behar, 1977), and parent interviews. Through a hierarchical regression analysis model, Phillips et al. (1987) found the quality of the program directly affects a child's social/emotional development. Children fared better in programs characterized by large amounts of child-caregiver interaction.

Child-caregiver interactions lead to better outcomes for children (Phillips et al., 1987), which are referenced by Ceglowski (2004) as a tenet of quality. However, a limitation of Phillips et al.'s work (1987) was that it did not report the socioeconomic status of the students in their study. Votruba-Drzal, et al. (2004) noted most studies that examine the quality of child care use

children from middle- and upper-income families, in response, they researched whether quality programs would show similar results for low-income children. Votruba-Drzal et al. (2004) used data from Welfare, Children, and Families: A Three-City Study a prior study by Winston et al. (2004) to examine the influence of child care quality and the impact of care on low-income children's social/ emotional development. The data from the study were collected with a household-based, stratified random sample of 2,400 low-income children in Boston, MA; Chicago, IL; and San Antonio, TX. Data collected included both day care centers and family child care programs, and the researchers found there were no significant differences in the results when considering the type of care program. The characteristics of the child care programs were measured using either the ECERS or the Family Child Care Rating Scale (FCCRS) (Harms & Clifford, 1989). The Arnett Scale of Provider Sensitivity (Arnett, 1989) was used to measure the emotional relationships between children and providers. The analysis of data showed that a high-quality program was more strongly linked to a child's social/emotional functioning, including their mood, cooperativeness, and empathy. High levels of provider sensitivity toward the children, and their level of interaction with children, increased children's positive behaviors. Low-quality care, however, showed elevated levels of behavioral problems over time, to the point that the researchers noted some children demonstrated a potential need for special education services (Votruba-Drzal et. al., 2004).

As evidenced by Ceglowski (2004), the word quality has many different meanings, however, Votruba-Drzal et. al (2004) and Phillips et al. (1987) have shown that regardless of how defined, a high-quality program has the ability to affect a child's social/emotional development. Raikes et al. (2005) defined *quality* as having several components, such as the availability and variety of learning materials, the focus on? health and safety, and the quality of

interactions between children and family child care providers. These quality interactions are often defined as caregiver sensitivity, which describes the warmth and responsiveness of the interactions that providers have with the children in their care. Caregiver sensitivity, both positive and negative, (Kontos et al., 1995; Kontos et al., 1996) has been linked to child outcomes and overall program quality.

The quality of the child care environment has an influence on children's social/emotional development. It was discovered in a study by Votruba Drzal et al. (2004) that there were differences in quality between home- or center-based care. The researchers questioned whether high-quality care is enhancing children's development, or is the enhancement because parents who have greater means choose higher quality care. The research of Votruba-Drzal et al. (2004) is similar to the work of McCartney et al. (2007), who wanted to find whether high-quality child care can protect children from the effects of poverty. The authors utilized data from The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development (NICHD SECCYD, 2005). The NICHD study consisted of a sample of 1,364 families in several cities, such as Little Rock, AK; Irvine, CA; Boston, MA; Philadelphia, PA; and Madison, WI. The quality of the child care program was assessed using the Observational Record of the Caregiving Environment (NICHD ECCRN, 1996). Children were evaluated using the Bracken Basic Concept Scale (Bracken, 1984) and the Reynell Developmental Language Scale (Reynell & Gruber, 1990). A multiple regression analysis was used to detect any association between income-to-needs and school readiness, receptive language, and expressive language. The research concluded there is a significant link between higher quality child care and school readiness related to language development.

Higher quality care is linked to school readiness and higher levels of social/emotional learning, as well as being a buffer for low-income children from the adverse effects of poverty (McCartney et al., 2007). A study done by Fuller et al. (2004) used poverty as the basis of the research regarding the type of care a low-income family chooses, and the quality of that care. The authors sampled 927 families of single mothers with at least one child between 12 and 42 months of age who attended child care through a welfare-to-work program in three anonymous states. The authors compared the quality of center- and home-based care by looking at measures of quality and child-caregiver interactions; in total, they reviewed 378 child care settings attended by the sampled families. These settings included both center-based and family child care programs. Child care settings were evaluated through a 45-minute interview with the teacher/provider and the Arnett Scale of Caregiver Behavior (Arnett, 1989). They also utilized the Child-Caregiver Observation System (Boller et al., 1998), which records child/provider interactions over 40 timed snapshots and is generally used in Head Start programs. The data collected from these assessments were studied to see which measures were interrelated. The finding revealed that children were more engaged and had higher levels of verbal interaction when participating in programs with providers who had higher ECERS and Arnett scores. The authors utilized a logistic regression that reported the likelihood the caregiver completed high school and found that low-quality programs had providers with lower estimated levels of education. However, they found that positive social interactions between caregiver and child were not related to the formal educational levels of the caregiver. A hindrance of using child-caregiver relationships as a mainstay of child care quality is that there are states who measure quality in ways that are not linked to children's development. These states measure quality based

on factors that are easy to form into regulations for all family child care providers to follow (Fuller et al., 2004), such as amount of screen time allowed and length of outdoor play.

The collective findings from the studies support the idea that when considering quality child care, providers' social/emotional skills must be accounted for just as much, if not more, than cognitive and academic skills (Votruba-Drzal et al., 2004). Family child care providers who verbally interact with children rate higher on the ECERS, and those children show higher levels of social competence (McCartney et al., 2007). Caregiver interaction is one pillar of quality programs that support children's social/emotional development (Kontos et al., 1994; Votruba-Drzal et al., 2004; McCartney et al., 2007). Based on the research cited and for the purpose of this review and study, child care program quality will be defined as the level of caregiver interaction with the preschool children in their care.

Socioeconomic Status of Families

Families with lower incomes have unique needs when selecting child care, as most families have limited choices based on their level of subsidy (Li-Grining & Coley, 2006). Child care subsidy programs help parents pay for some or all of the cost of child care services. Two questions were posed in Li-Grining and Coley's research when looking at the circumstances of child care selection for low-income families:

1. What types of child care do low-income, urban families access?
2. How well do these settings provide developmentally supportive care to low-income children and meet the needs of the mothers?

The researchers used data from Welfare, Children, and Families: A Three-City Study (Winston et al., 2004) which consisted of a sample of 238 sources of information gathered from mothers, child care workers, and observations of children. Li-Grining and Coley (2006) found that Head

Start provides higher quality care than other types of early childhood programs. However, families who used Head Start reported that there were lower levels of accessibility, flexibility, and communication with the program than those who use family child care programs (Li-Grining & Coley, 2006). The researchers hypothesized that low-income families might prefer family day care programs for accessibility and flexibility, however, low-income family choices could be limited due to level of subsidies they receive.

To better understand factors that lead to different choices of child care and child care subsidies, Lowe and Weisner (2004) conducted an ethnographic study with 38 families in Wisconsin who had incomes below the poverty level. Through the study, they found that 74% percent of families used home-based care, while 26% used center-based care. However, because the subsidy required a certain number of hours worked per week by the families to qualify, families found it difficult to use center-based care because they worked off-hours and needed to supplement with child care provided by family members. (Lowe & Weisner, 2004).

Parents in the Lowe and Weisner (2004) study reported that they prefer family member care for their child full-time, as most feel center-based care or home-based care will not offer the same type of care a family member could regarding safety, nurturing, and sustaining moral and cultural beliefs. Similarly, families who were part of the Welfare, Children, and Families: A Three-City Study (Winston et al., 2004) had an “ideal” child care arrangement. Responding families wanted assistance to pay for reliable, trusted care with flexible hours that is easy to get to, developmentally appropriate, and high-quality. They wanted this care to be available to everyone, regardless of the level of income they have at a given moment (Winston, et al., 2004). Both Winston et al, (2004) and Lowe and Weisner (2004) agree subsidies are useful and helpful to low-income families. However, both studies found inconsistencies within the quality of these

programs and concluded there should be programmatic changes introduced to help families obtain access to programs that not only fit their schedules, but also provide quality care for the children.

Quality child care means different things to different stakeholders (Ceglowski, 2004). While lower-income mothers may choose child care based on schedule and availability (Li-Grining & Coley, 2006), there are many others who choose Head Start and center-based care for the perceived educational benefits (Holloway et al., 1995). An ethnographic study conducted by Holloway, et al. (1995) with low-income mothers focused on what the mothers expected from child care providers and how their preferences regarding child care were guided by supply and cues from social service and other professionals. The authors worked with 14 women with early childhood-aged children in the Boston area over a three-year period. Participants were interviewed three times and kept a journal of their child's experiences. The data from these interviews were analyzed qualitatively with the use of coded interview summaries. The codes included 17 different themes and 124 different codes, and upon study completion, an additional coding process examined concepts regarding school preparation from the view of the research subjects. Overall, the mothers in the study believed education was critical and a key to social mobility; however, their opinions about teaching strategies focused on didactic education, which as the authors point out, is the opposite of what educators believe is developmentally appropriate for early child care programs (Holloway, et al. 1996). These findings were echoed in a study completed by Burchinal and Cryer (2003), who used data from the United States, Cost, Quality, and Outcomes Study and the NHIS Study of Early Child Care. They found that ethnically diverse parents value promoting academic success; however, just like the Holloway, et al. (1995) study showed, their opinions about teaching strategies focused on didactic education (Burchinal and

Cryer, 2003).

Families from low socio-economic backgrounds face many different challenges, and Li-Grining and Coley (2006) suggest that choices of current child care options may add to those difficulties. Low-income parents often work non-typical hours and may need access to the flexible care that comes from a home-based child care program, yet the data suggest that desire the structured educational program they perceive is offered by programs such as Head Start.

Professional Development

Policies vary significantly between family child care programs and Head Start programs regarding pre-service professional development on social/emotional learning. Professional development, or lack thereof, contributes to overall program quality (Rhodes & Hennessey, 2000). Professional development can also affect the way a caregiver interacts with the children in their care (Kontos et al., 1994; Raikes et al., 2005). As stated previously, the requirements for Head Start teachers and family child care providers differ, with Head Start programs requiring head teachers to have at least a bachelor's degree. Even with the Head Start's qualifications for head teachers, programs still cite professional development for teachers in young children's social/emotional development as a need (Buscemi et al., 1996). When professional development is offered, quality varies (Taylor et al., 1999).

Although research has been conducted on caregiver professional development, Fukkink and Lont (2007) believed the question of whether professional development has an impact on child and adult interactions had yet to be answered conclusively. To address this question, the authors examined various databases, such as ERIC and PsychINFO, by combining various descriptors of setting and professional development. The scope of articles was narrowed to 17 by choosing reports containing information involving provider professional development, with a

focus on interaction skills where the caregiver was the primary objective of the evaluation. Two independent coders coded professional development studies that were part of this analysis for the instructional and methodological characteristics, among other criteria such as coaching, attrition, and number of participants. The authors concluded caregiver professional development does, in fact, matter. The evidence they gathered shows that professional development improves the pedagogical competence of family child care providers including their professional attitude, knowledge, and skills.

Because professional development can impact caregiver interactions with children, what impact can professional development make in family child care programs where pre-service professional development is not a requirement? A study looking specifically at family child care programs was done by Kontos, Howes and Galinsky (1996). Researchers sought to find out if there is a difference between family child care providers who actively seek professional development, and those who drop out of professional development. This study used a sample of 130 family child care providers in San Fernando Valley, CA; Dallas, TX; and Charlotte, NC who were enrolled in a professional development program that covered topics such as business management, regulations, health and safety, nutrition, environment, parent relationships, and more. A comparison group of 112 family child care providers who were not part of the professional development program were also included. All providers were observed utilizing the Family Day Care Rating Scale (Harms & Clifford, 1989), which measures items such as listening and talking, activities, program structure, and interaction, for 3 hours pre- and post-professional development. The results of the observations were that professional development impacted providers' business practices, but there was no change in planning activities for children. Overall, the authors found that the professional development had very modest effects on

instructional quality; 45% of providers made no changes to time spent planning activities for children, while 26% planned less, and only 29% planned more.

The results of the Kontos et al. (1996) study also revealed there were no significant differences between the quality of programs of the providers who attended professional development versus those who did not. The biggest difference was those who attended professional development described a higher commitment to their programs and to remaining in the field. In the study, providers rated items, such as “I feel committed to child care,” on a scale of 1 to 5. Researchers found the professional development group was more likely to see family child care as a stepping stone to other work, were less likely to do housework while providing care, and consistently had educational activities planned. The professional development group seemed, according to the researchers, more intentional in their work. While the professional development did involve a coaching component, the focus was on in-classroom instruction that relied on providers understanding the information and then implementing it into their programs. The authors of the Kontos et al. (1996) study state the lack of change in the program may mean the professional development content was not rigorous enough, but they did not go into detail regarding the professional development content.

More rigorous than the Kontos et al. study (1996), another study that examined professional development programs for family child care providers was conducted by Rhodes and Hennessey (2000). The purpose of the study, like in Kontos et. al (1996), was to see the changes in the behavior of family child care providers and children after the completion of the professional development course. The Rhodes and Hennessey study, conducted in Ireland, examined the effects of a 120-hour professional development course for family child care providers on children’s development utilized a pre- and post-test control group design. The

authors studied a group of 16 family child care providers who attended a professional development course and 17 comparison family child care providers who did not attend the course as a control group. Fifty children, two from each program, were also observed. The professional development course covered needs of children, value of play, curriculum, and the developmental function of playgroups. The 120 hours of the course were broken down into 90 hours of in-class professional development and 30 hours of observation.

Adult behavior was rated using the Arnett Caregiver Interaction Scale (Arnett, 1989) and children were rated with the 5-point Peer Play Scale and the 5-Point Play with Objects scale (Howes, 1980). The pre-assessment with the Arnett Caregiver Rating Scale showed no significant differences between the professional development and comparison groups. Post-professional development data showed the completion of the program resulted in higher levels of caregiver sensitivity with the children in their care and higher levels of play among children. Rhodes and Hennessey (2000) explain that professional development is associated with caregiver's attitudes and knowledge of developmentally appropriate practice. These findings are similar to Fukkink and Lont (2007), who found that specialized professional development has a direct effect on levels of caregiver sensitivity. These studies demonstrate how current literature is in disagreement about how and if professional development impacts family child care programs.

Barriers to Professional Development

There have been studies conducted to understand child care workers' views on education and professional development with varied results (DeBord, 1993; Gable & Halliburton, 2004). A provider may want to attend professional development but have barriers that reduce access (Gable & Halliburton, 2004). Family child care providers also have to overcome other unique barriers to obtaining effective professional development including the cost, distance, and time

associated (DeBord, 1993; Gable & Halliburton, 2003). Gable and Halliburton (2004) used data from a random sample of 647 child care providers in Missouri, both center-based and family child care programs, and conducted a telephone interview using 50 questions seeking what beliefs, concerns, and any regulations may be a barrier to obtaining professional development. Researchers found that most participants agreed that pre-service training and professional development are necessary before someone begins to work with children. For both center-based and home-based provider groups, the biggest barrier to professional development was distance; providers wished there would be professional development closer to their homes. Similarly, DeBord (1993) also found that distance was an issue, and that providers wanted professional development offered via videotape so they could complete it on their own schedule. In addition to professional development, researchers also found that center-based providers thought higher levels of professional development should afford a higher salary, while home-based providers did not believe that professional development should matter in a change of salary.

Family child care providers were also surveyed by DeBord (1993) to find out how professional development can be improved. A multiple-choice questionnaire mailed to all licensed family child care providers in the state of Virginia resulted in a 35% response rate. In addition to the survey, 12 child care providers were interviewed. Of the respondents, 82% said they want or need additional professional development, but 67% said “no time to attend” was their primary reason for not attending more classes. Child care providers surveyed stated most of the information they receive comes from magazines. The preference of those surveyed would be to have short, in-person workshops, or self-study videotaped presentations. The idea of videotaped sessions might be considered archaic in present day; however, there have been states that use online professional development as a way to combat the barriers of professional

development attendance (Stone-MacDonald & Douglass, 2014).

Professional development and the barriers to attendance were also studied by Taylor, Dunster, and Pollard (1999). To find out key issues in child care provider professional development, the authors conducted phone interviews with a total of 37 informants including government officials, community college instructors, and family child care associations. They also conducted 17 focus groups with 145 family child care providers, nine focus groups with 88 individuals who offer professional development, and four focus groups with 28 parents. These focus groups discussed past professional development experiences of the participants, professional development barriers, and ideas for the future. Interviews revealed several barriers to child care providers accessing professional development, including availability, meaning they were not aware professional development was available. Even when professional development was available, trainers were disappointed with low turnout rates. Respondents said they struggle to attend professional development that is far away and not near public transportation.

To combat these obstacles, providers suggested distance education courses. The idea of these courses was studied by Stone-MacDonald and Douglass (2014), who examined one state's efforts of implementing online professional development for center-based child care staff and family child care providers. Researchers surveyed more than 800 center-based participants and 60 professional development trainers who were actively involved in the online professional development program. They found that more than 50% of participants surveyed would recommend the online courses to a colleague based on both content and technology. Stone-MacDonald and Douglass (2014) state that these results do not provide conclusive evidence for the support of online models; however, they do give insights into participant comfort with technology, which is critical in considering whether an online program is useful and sustainable.

Aside from distance and time, another barrier to accessibility of professional development is cost. Child care providers generally earn low wages, meaning few can afford the cost associated with professional development. Survey participants also spoke about the lack of recognition they get for their prior experience and education. Child care providers want professional development that demonstrates respect for their profession, understands the meaning of quality care, meets their needs and interests, and leads to some recognition in the child care community and society. Child care providers in the Stone-MacDonald and Douglass study (2014) expressed similar concerns to those in Gable & Halliburton (2003), regarding time and energy as barriers to professional development. The information presented here supports the work of Kilmer (1979), who offered providers in-home professional development designed to meet the needs of each participant. In addition to instruction, coaching was provided. Kilmer's study was conducted with 42 child care providers, and 75% said professional development had changed their behavior by helping them be more contemplative in their work with children. Rusby, Jones, Crowley, Smolkowski and Arthun (2013) took a different approach, offering coaching as part of a professional development plan, and found that effects gained from professional development were more likely to be sustained when family child care providers also received follow-up coaching. The research regarding barriers to professional development is conclusive; time, distance and cost all have an impact on if a child care provider is able to attend professional development.

Family Child Care Providers' Professional Identity

Child care providers, according to King (1978), operate with ideologies about their work that draw parallels between being a teacher and being a mother. King was one of the first sociologists to study the professional identity of child care providers when he performed a three-

year long study in infant classrooms in England. His conclusion regarding teaching and motherhood is echoed in the research of Nelson (2010). In 2010, Nelson found, through a survey of 330 family child care providers in Vermont, that they view themselves as mother figures to the children in their care and treat the children as such. Gerstenblatt, Faulkner, Lee, Doan and Travis (2013) conducted focus groups with child care providers in Texas to also explore the idea of being a teacher versus a mother. These researchers found that most of the providers saw themselves as more than just providing care, and their involvement echoes that of a second parent.

Nelson's (2010) survey questions asked child care providers to provide perceptions of their reasons for opening a child care program, working conditions, and problems. Over a two-year period, interviews were conducted with a random sample from the 330 surveyed, including 30 providers registered and licensed by the state and 40 unlicensed providers working independently. Interview questions focused on relationships with parents and children, work impact on provider's families, teaching methods, and sources of stress and happiness. Child care providers in Nelson's (2010) study embraced the idea of being a mother to the children in their care, with 75% of the interview respondents in agreement. Only 24% of those interviewed thought it was important for children to have a structured day, and only 39% felt it was critical to include educational activities in the day. Eighty-one percent of respondents said it was more important to maintain a home-like atmosphere.

The child care providers interviewed in the Nelson (2010) study felt mothering the children is appropriate; however, Nelson argues this type of care can be detrimental if the family child care providers get too attached to the children. This emotional attachment causes some providers to become emotionally exhausted and eventually leave the field. Child care providers

who have already left the profession said they moved on because of burnout; they were tired of trying to keep an emotional distance from the children and to find a balance between their work responsibilities and their mother-like tasks (Nelson, 2010). Research has identified cynicism, negativity, and rigidity as characteristics of burnout of family child care providers (Goelman & Guo, 1998). Burnout can contribute to absences from work, which can affect children, other staff members in the programs, and parents (Whitebook & Granger, 1989). A literature review was conducted by Goelman and Gou (1998) to find out the factors that contribute to burnout in family child care providers. They found that wages and working conditions, roles and responsibilities, communication, personal factors, education and work experience, as well as personality, all impact the burnout of child care workers.

One of the many problems in the field of early childhood education is improving conditions for the workforce (Boyd, 2013). As child care providers are often seen as mothers, the solution has been framed by researchers as a need for professionalization of the workforce. Boyd (2013) studied the professionalization of early childhood care, interviewing 32 child care workers from a large city in New England who were enrolled in a professional development program. Of the 32 interviewed, only 15 said they intended to stay in the field. Interviews lasting 45 to 70 minutes were conducted at the respective child care provider's place of employment. Transcripts were coded immediately following interviews, and interviewees were called to validate any unclear information. The providers in this study had varying degrees of education; 66% had a high school diploma or less. Regardless of their education level, providers felt they did not receive acknowledgement as professionals. Child care providers cited their long working hours, with some home-based providers working more than 55 hours a week while only making roughly \$150 per week per child in their care.

Those interviewed also said they have high work-related expenses for toys, paper, books, and more. Providers interviewed said these costs lead to a problem, because professional development stresses the need for age-appropriate resources, and then they need to purchase the supplies they need to fulfill that goal (Boyd, 2013). The providers interviewed by Boyd expressed frustration with their complex roles and responsibilities and governmental pushes for them to seek higher education and develop further expertise. However, both center-based and family child care workers felt devalued and exploited (Boyd, 2013; Whitebook, 1999) because although they are expected to improve their qualifications, they are experiencing wage stagnation and decreases in benefits. The professionalization of the workforce has led to slight increases in professional development, but has had little impact on wages (Boyd, 2013). These experiences all add to a worker's burnout, which in turn decreases program quality and positive interactions with children (Goelman & Guo, 1988). The early childhood research acknowledges that child care workers are underpaid while still being expected to improve their qualifications and attend professional development; however, none of the studies reviewed offered solutions to improve working conditions.

Type of Care

Almost all children in the U.S. will attend an early childhood program before they start school (NICHD, 2004). Programs differ dramatically in structure and caregiver professional development (Dowsett et al., 2008). Child care centers, which are privately owned entities yet follow state regulations, have higher ratios and group sizes, but they also have better educated and trained family child care providers (Dowsett et al., 2008).

As previously discussed, parents select their child's day care for various reasons such as cost, subsidy, or scheduling (Li-Grining & Coley, 2006; Lowe & Weisner, 2004). However,

there are differences between the modalities of care; each can provide children with a different distinct set of experiences (NICHD, 2004). To find the differential effects in both cognitive and social domain in infancy, toddlerhood, and preschool between programs, the NICHD conducted a longitudinal Study of Early Childhood Care (2004) by recruiting participants from 10 cities in America. Data were collected in three settings through the first 54 months of each child's life, with 1,287 families participating in the study. Social/emotional outcomes were assessed via questionnaires to mothers as well as to child care providers. Statistical regression analyses were performed on data for each type of care. Researchers found that overall, the amount of time children spent in center-based care was associated with higher instances of behavior problems. Quality is not tied to the type of care, and both high and low quality was found within all modalities of care. The data from the Study of Early Childhood Care (NICHD, 2004) was also used by Dowsett, et. al (2008) to determine specifically if Head Start programs differ from other programs attended by children from low-income families.

While center-based programs provide developmentally based curricula, Head Start programs are specifically designed to promote school readiness. By analyzing data collected from 49 Head Start programs and 114 other center-based programs, Dowsett et al. (2008) found that Head Start programs were rated higher on organization and educational environment than other types of care. However, when researchers controlled for socioeconomic status of families, they discovered that an academic curriculum was no longer significant and the effect of a warm and nurturing environment increased, such that family child care providers in Head Start were more nurturing than those from other types of centers (Dowsett et al., 2008).

The researchers from NICHD (2004) concluded that there needs to be a greater focus on curriculum that encourages prosocial interactions for children and increases support for

children's social/emotional growth, rather than the type of care. Dowsett et al. (2008) agreed with these findings stating that family child care providers need to improve their understanding of the types of interaction that are associated with social/emotional development. There is no agreement about whether family child care or center-based care is better; however, it is clear that all types of care need to focus more on children's social/emotional growth to be effective.

Summary of Literature Synthesis

Research literature has shown several underlying factors influence the type of social/emotional learning environment a program extends to children. These factors include: (a) providers' professional development (Kontos et al., 1994; Raikes et al., 2005), (b) family child care providers' professional identity (Gerstenblatt, et al., 2013; Nelson, 2010), (c) program quality, (Rhodes & Hennessey, 2000) and (d) socio-economic status of families (Li-Grining & Coley, 2006; Lowe & Weisner, 2004). These factors will serve as the basis for the empirical needs assessment study that follows.

In an attempt to investigate the factors identified in the synthesis of literature regarding social/emotional development of children who attend family child care programs and Head Start programs in a large metropolitan area, the following conceptual framework (Figure 3) was developed:

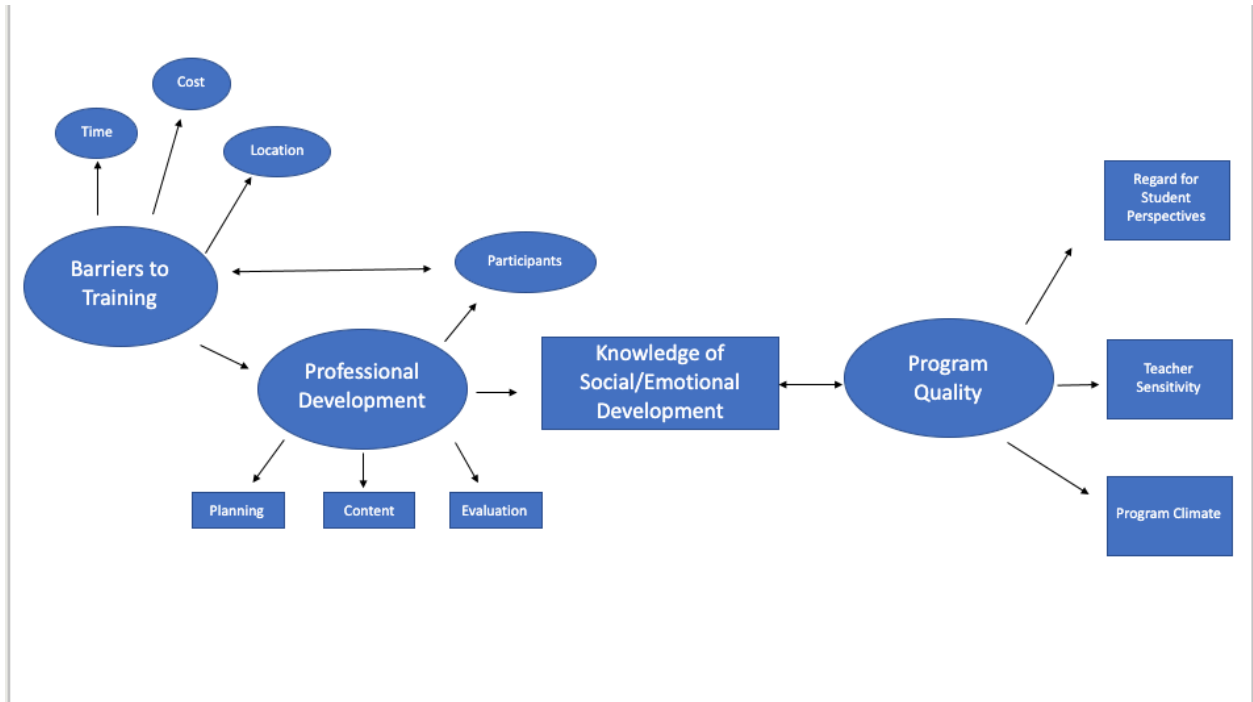


Figure 3. Conceptual Framework.

Chapter 2

Empirical Examination of the Factors and Underlying Causes

The purpose of this needs assessment study was to examine providers' levels of professional development across various early childhood settings, as it specifically relates to children's social/emotional development. A review of literature on this topic found early childhood educators, particularly family child care providers, have several barriers that prevent them from attending professional development, while those that do attend often struggle with implementation of content. This study will look specifically at Head Start programs and family child care programs to examine the differences between professional development offerings for each group, from the content of the professional development to the child care providers' ability to implement the learning.

The focus for the professional learning observed was on developing children's social/emotional capacity. This is because studies suggest that early childhood poverty has an adverse impact on social/emotional behavior, such as self-regulation (Brody & Flor, 1997; Willis et al., 2014). A study by Yoshikawa et al. (2012) found that family poverty and neighborhood poverty negatively affect children's mental, emotional, and behavioral health. The student researcher has an interest in investigating this topic in a geographic region that coincides with a high poverty professional context; as a result, data collection and subsequent research for this dissertation focused on low-income children and families within a small neighborhood of a large East Coast city. The American Community Survey (2017) estimates 38% of children under 18 years old within the studied neighborhood are living below the poverty level. Within the same area, 67% of parents with children under the age of 6 are in the labor force and require full-time child care. The median income for the neighborhood is \$40,000 (State Census Fact Finder,

2010). Overall, the neighborhood is 50% Hispanic and 31% African American, with 26% of the neighborhood population being foreign-born and 20% having limited English proficiency (Census Fact Finder, 2010).

The children who were observed by the researcher in this needs assessment study attended either a federally funded Head Start program or attended a family child care program on a city-funded voucher. In this city, the Administration for Children's Services (ACS) directly funds child care services for eligible families at either child care centers, family child care programs, or Head Start programs. A city funded child care voucher allows families eligible for subsidized child care to also choose services outside of ACS-funded programs. There are three types of family child care programs in this city: (1) group family (licensed) providers can serve up to twelve children and can employ an assistant; (2) family (registered) providers can serve up to six children; and (3) informal (legally exempt) providers can care for up to two children who receive subsidies. Informal providers are not mandated to follow standard licensing requirements.

Statement of Purpose of the Needs Assessment

In an attempt to investigate the factors identified in the synthesis of literature regarding social/emotional development of children who attend family child care programs and Head Start programs in a large metropolitan area, this needs assessment focused on several factors. It looked at the barriers faced by early childhood professionals (Gable & Halliburton, 2003; DeBord, 1993), as well as the impact current professional development programs have on practice. Impact of the learning was examined by looking at the structure and content of current professional development offerings, in addition to the ability of Head Start teachers and family child care providers to implement what they have learned into their programs. This needs assessment is

guided by the following research questions:

1. To what extent do current professional development offerings for early childhood professionals on children's social/emotional development impact children's social/emotional development?
2. How do barriers to providers' access to professional development relate to early childhood professionals' views of professional development?
3. How effective is the delivery of current professional development offerings in meeting the needs of Head Start and family care providers?

Research Design

The research was a mixed methods design (Creswell & Clark, 2012). Qualitative and quantitative data were collected concurrently through multiple means that were analyzed separately and then examined together to find parallels for triangulation. This design allowed for the information collected to work together to provide an in-depth understanding of the findings (Creswell & Clark, 2012).

Data collection was geared at examining the problem from the view of all stakeholders, including parents and children. Therefore, the research design included two surveys for early childhood professional providers, a two-part focus group, and observations of educators. Data were collected in two separate child care modalities: five family child care programs, and one Head Start program that consisted of 10 classrooms.

Data were collected via two professional development classes: one with family child care providers, and one with a Head Start program. Both sessions focused on generalized strategies to develop social/emotional learning. Family child care providers were recruited to the professional development program by mailed fliers. These classes are offered for free at multiple locations to

help family child care providers fulfill their licensing requirements through a state grant.

Attendance for all staff at the Head Start professional development session was required by the Executive Director.

Measures and Instrumentation

Several factors were measured through this study, as identified in the conceptual framework (Figure 3). These include barriers to professional development, defined as anything that prevents a caregiver from attending a professional development class. These barriers could include cost, location, and time (Taylor et al., 1999; Doherty et al., 2006). Barriers to professional development were evaluated via a survey and through focus groups. Professional identity, including culture and beliefs, was another factor encompassing how early childhood professionals see themselves. According to Nelson (2010), family child care providers are more likely to view themselves as mother figures than other early childhood educators.

The main component of this needs assessment was focused on access to and quality of professional development. Professional development was examined through current professional offerings and looking at how closely the PD met the needs of adult learners with an andragogical perspective. Andragogy focuses on the role of a teacher as a facilitator of student-centered learning. Knowles (1950) states that adults learn best when they are in informal and comfortable surroundings. In addition to in-class learning, the outcomes for the early childhood professionals (Head Start and child care providers) were assessed through observations to see whether the professional development had an impact on their practice.

The primary focus of the needs assessment is on program quality as it relates to children's social/emotional development. The National Association for Family Child Care developed quality standards stating that relationships between children and providers are critical

to providing high-quality care (National Association of Family Child Care, 2017). The most important aspect of a high-quality family child care program is the relationship between the provider and the children. Children are able to achieve more socially and academically when they feel cared for and feel like a part of a community. (National Association of Family Child Care, 2017).

Professional Development Survey. A professional development survey was created by the student researcher utilizing Guskey's (2000) evaluation of professional development. The survey was designed to gain insight about participant reactions to the session and find out if they thought the instructor conducting the professional development session was knowledgeable, if the participants found the material useful, and if they were going to apply any of the new knowledge to their programs. Guskey (2000) defined five levels of professional development evaluation, outlined in Figure 4. The survey was created following Guskey's (2000) evaluation levels to gauge participants' reactions, learning, and use of new knowledge and skills, as well student learning outcomes.

Guskey's Five Critical Levels for Evaluating Professional Development	
Level	Implication
Level 1: Participant Reaction	Helps improve the design and delivery of professional development
Level 2: Participant Learning	Validates the relationship between what was intended and what was achieved
Level 3: Organizational Support and Change	Some of the best improvement strategies have not come to fruition because of organizational culture
Level 4: Participant Use of New Knowledge and Skills	Are participants using the new knowledge and skill to implement the practice?
Level 5: Student Learning Outcomes	Changes in teacher practice are only sustained when professional development and implementation is reflected in improved student outcomes

Figure 4. Five Critical Levels for Evaluating Professional Development. Adapted from

Evaluating professional development by T.R. Guskey. Copyright 2007 by Corwin Press.

The survey was created by the student researcher because at the time, there were no measures that targeted the exact population in this needs assessment. It was also created to be a mixed methods data collection instrument with both open-ended and semi-structured items to collect qualitative data and closed-ended items for quantitative results (Soriano, 2013). The survey consisted of four demographic questions, five questions relating to participants' past professional development experiences, ten questions about that particular professional development session, and generalized questions on professional development and social/emotional development. The survey was primarily multiple choice, with additional space available to provide participants an opportunity to expand upon their responses. The survey was reviewed by professional colleagues and the Ed.D advisor for validity to ensure the items addressed the variables under investigation. Table 1 outlines sample questions from the survey; the full survey can be found in Appendix A.

Table 1

Participant Survey Sample Questions

Research Question	Survey Questions	Guskey Level
To what extent do current professional development offerings for early childhood professionals on children's social/emotional development impact children's social/emotional development?	<ul style="list-style-type: none"> • When you have attended a professional development session in the past, are you often able to use what you've learned? • Do you think what you learned today will be useful? If yes, what will you use? If no, why wasn't it useful? 	2, 3, 4, 5

How do barriers to professional development relate to caregiver views of professional development?	<ul style="list-style-type: none"> • What is the most difficult part of attending professional development? • Why do you attend professional development? 	1, 2
How effective is the delivery of current professional development offerings in meeting the needs of Head Start teachers and family child care providers?	<ul style="list-style-type: none"> • Did the material make sense? • Did you find the instructor knowledgeable and helpful? • Do you think your time today was well spent? 	1, 2, 4

Focus Groups. The focus groups occurred twice: first before attending the professional development session on social/emotional development, and then again, two weeks after the session was completed. Pre-professional development questions focused on the early childhood professional's personal views of social/emotional development, their thoughts about professional development, any barriers that prohibit them from attending professional development, and their perceived identity as child care workers. Focus group questions were created utilizing Guskey's five levels for analyzing professional development, as well as the research questions and the

extant literature. Questions included specifics of social/emotional development, such as “How do you foster social/emotional development in your program classroom?” Questions also examined barriers to professional development by asking “Do you often attend professional development? Why or why not?” A full list of questions can be found in Appendix B.

The focus group questions were carefully crafted to facilitate a discussion that would generate information relevant to the needs assessment, while working to ensure that all participants felt validated in their responses and participation (Soriano, 2013). The student researcher acted as the focus group facilitator and concentrated on being objective in both interviewing and recording; however, there was no other researcher present to validate the information collected and therefore no interrater reliability. It is important to note the data collected within the focus group was not expected to stand on its own merits, but instead used to provide a deeper look at information collected in the survey (Soriano, 2013).

Observational Measure. Within a week of the initial focus group session, the student researcher visited each participant’s site for a two-hour observation. Observations were completed using the Arnett Caregiver Interaction Scale (CIS) (Appendix C). The CIS is an assessment that has been widely used in research studies to measure the quality of emotional relationships between children and the early childhood professionals (Cowell et al., 2013). The Arnett Scale is scored in a range from 0 (poor) to 4 (excellent). Layzer (1993) found correlation coefficients of 0.43 to 0.67 between the CIS and other measures of child care quality. Larger coefficients were not expected because the CIS focuses more on teacher behavior than on other observation measures like CLASS or the Early Childhood Environmental Rating Scale. Jaeger and Funk (2001) reported inter-rater reliability coefficients, between a certified observer and trainees, ranging from 0.75 to 0.97.

Participants

Family Child Care Providers. Surveys were distributed to 150 providers who attended a course on social/emotional development at a professional development agency funded by the state. Of the surveys distributed, 92 were returned for a 61% response rate. Respondents consisted of 63 group family (licensed) providers, 22 family (registered) providers, and seven informal (legally exempt) providers. The difference between the different types of providers refers to the number of children they are permitted to have in the programs. Seventy-three percent identified as Black or African American, with 18% identified as Hispanic, and 1% white. A large proportion of the respondents (91%) have been working in child care for more than four years.

A focus group was conducted with five family child care providers who attended the professional development session at the state-funded agency. These providers were identified via the course registration list by looking at zip codes to find providers specifically in the area of interest. Eight providers were identified as meeting the criteria of being an active provider who cared for children who receive public assistance. It was important to find providers who provide care to families on a public assistance voucher and to ensure that the socio-economic levels of the children in family care and Head Start were equivalent. The identified providers were contacted by phone, and five of the eight providers agreed to participate in the study. In addition to being part of the focus group, all five participants agreed to have the student researcher observe their programs. All five providers were women, with four identifying as Hispanic and one as African American. Three were group family providers, and two were family providers. All five of the women have been in child care for more than five years, with one being a 20-year veteran. One hundred percent of the children in these programs attend with an Administration of Children's Services (ACS) voucher.

Head Start Teachers. Surveys were also distributed to 100 Head Start staff members at a neighborhood Head Start program. Of those surveys distributed, 100% were returned. Respondents included 50% head teachers and 50% assistant teachers. Of those who responded, 42% were African American, 51% Hispanic, and 7% White. Over half of the respondents (62%) have been working in early childhood for more than four years.

A focus group was conducted with five head teachers from a Head Start program within the same zip code as the family child care programs. These teachers volunteered to be part of the focus group, as well as participate in any observations related to this needs assessment. All five teachers were women who have varied experience in early childhood education. Participants in this focus group met at Head Start's main office after the children had left for the day.

Procedure

Data Collection Methods

Data collection for the needs assessment was conducted in phases around two professional development sessions on social/emotional development. The first was for family child care providers given by a state funded professional development program; the second was for Head Start teachers given by management staff at the Head Start location. Figure 5 outlines the timeline for data collection.

Data Collection Timeline

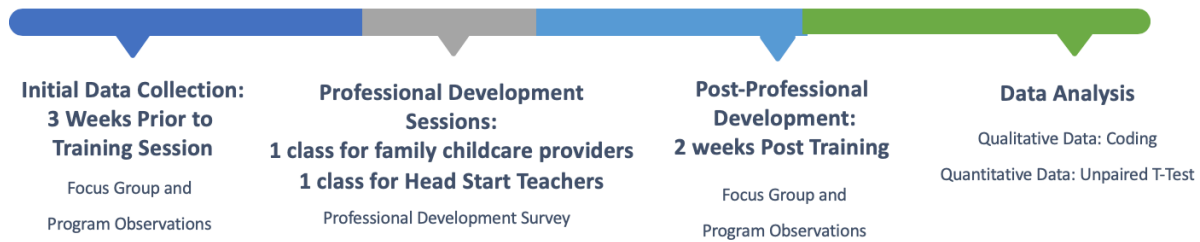


Figure 5. Data Collection Timeline.

Data Collection Phase 1: Pre-Professional Development

During the focus group sessions, participants sat around a table together and were assigned a code number from 1–5 to track responses. Questions were presented to all providers in each group at the same time. Participants were each given the opportunity to respond to each question, and they were given the following instructions, as adapted by Stewart and Shamdasani, (2014):

1. If you have a comment about what someone else was saying, please raise your index finger while your peer is speaking, so no thoughts will be interrupted.
2. Answer each question using your personal experience; there are no right or wrong answers.
3. If you need more time before answering, just let me know.

In addition to the focus groups, the program sites of each focus group member (either Head Start classroom or Family Child Care site) were observed utilizing the Arnett Scale of Caregiver Interaction (1989) to obtain a baseline score regarding caregiver sensitivity and interactions with children. The Arnett Scale was used in subjective observation during a 30 minute observation,

with specific items rated with a 1-4 scale based on whether the indicator was not true, somewhat true, quite a bit true, or very much true.

Data Collection Phase 2: Professional Development Survey

In order to ensure access to the early childhood professionals of interest to the needs assessment study, courses on social/emotional development were identified as a vehicle for survey distribution. As such, professional development classes attended by study participants focused on children's social/emotional development. At the family child care provider course, surveys were handed out by course facilitators; at the Head Start course, surveys were handed out by the student researcher. Upon distribution, the Informed Consent Form (Appendix D) was read aloud by the student researcher, and participants were asked if they had questions. They were then asked to sign the form if they agreed and were given the survey.

Data Collection Phase 3: Post-Professional Development

Once the professional development sessions were complete, the same focus groups from Phase 1 came back together two weeks later. The student researcher used the same protocol with all five participants for a 90-minute conversation during a meeting after work. The same participation rules applied. The focus for the second meeting was to discuss the professional development session, what they learned, and if they had been able to implement any of their learning in their work. All focus group conversations were recorded with participant consent, and transcribed by the student researcher; transcription was later verified by a third party. Table 2 outlines the focus group questions that were presented after the professional development session as they relate to the underlying factors of the problem of practice.

Table 2

Post-Professional Development Focus Group Sample Questions

Research Questions	Focus Group Questions	Guskey Level
To what extent do current professional development offerings for early childhood professionals on children's social/emotional development impact children's social/emotional development?	<ul style="list-style-type: none"> • Were you able to put anything from the session into practice? 	1, 2, 3
How do professional identity and barriers to professional development relate to caregiver views of professional development?	<ul style="list-style-type: none"> • What stands out to you about the professional development session you attended? 	1, 2
How effective is the delivery of current professional development offerings in meeting the needs of Head Start teachers and family child care providers?	<ul style="list-style-type: none"> • Are you often able to utilize the things you learned in professional development classes? 	1, 2, 3, 4

Reactions were collected via focus groups, and learning was gauged via program observations to see whether provider interactions had changed since attending the professional

development session. After the Phase 3 focus groups met, a second 30-minute observation was completed by the student researcher using the Arnett scale again to see if there were any changes to caregiver or children’s behavior post-professional development. These assessments and observations were used to record the professional practices.

Data Analysis

The majority of the data collected for this needs assessment were qualitative. In order to keep the focus of the responses on the research questions, data from surveys and focus groups were coded using a priori codes (Soriano, 2013). The a priori codes were derived from the research literature (discussed in Chapter 1), the conceptual framework, research questions, and the problem of practice. In addition, reviewing data provided additional emergent codes which, as described by Saldaña (2015), were created by looking for patterns within responses, as well as using the theoretical framework to keep coding focused on the research. Table 3 outlines all of the themes, both emergent and a priori, that focused on the effectiveness in the delivery of professional development classes which emerged from coding of data collected via survey and focus groups.

Table 3

Professional Development Survey Analysis

Themes	Number of Comments	Participant Survey Responses Following the Professional Development Session
Class length (a priori)	14 – Family Child Care (FCC)	“It was <u>too long</u> and hard to follow.” – FCC “There was <u>too much time</u> and not enough content. She was dragging it out.” – FCC
	16 – Head Start (HS)	“After a full day of teaching, the class was <u>a bit long</u> .” - HS

		“I <u>did not know</u> what she was talking about.” – FCC
Confusion	86 – FCC	“I <u>do not understand</u> how to do any of what she
(emergent)	22 – HS	said with my kids.” – FCC
		“After the first part, I <u>got confused</u> , and then I stopped paying attention.” – FCC
		“I like doing my own work, <u>she just made us listen</u> .” – FCC
Format	53 – FCC	“I was bored. <u>She talked a lot</u> .” – FCC
(a priori)	13 – HS	“I <u>wish she included more activities</u> to do with the kids.” – HS
Lack of	69 – FCC	“It’s <u>overwhelming</u> to the point of <u>not knowing what to implement</u> .” – HS
Usefulness	45 – HS	“This was just <u>not useful</u> to me.” – FCC
(emergent)		“We just received professional development like this.” – HS
Lack of		“What she was teaching <u>wouldn’t work</u> in our situations.” – HS
Interest in	46 – FCC	“Social/emotional is important, but <u>not like this</u> .” – FCC
Material	24 – HS	
(emergent)		

The themes identified were class length, confusion, class format, usefulness, and interest in the material. Class length was an a priori theme found in 14 family child care surveys and 16 Head Start surveys. Family child care providers expressed concern that the professional development session was too long, and because of that length it was hard to follow. From family child care providers there was more concern about being able to learn the material than Head Start teachers who commented that they were tired from the day of teaching.

Confusion was a common emergent theme, mainly for family child care providers. 93%

mentioned being confused, with one provider saying, “I did not know what was going on. I tried to pay attention, but I just could not follow along.”

Format, an a priori theme, was mentioned by 57% of family child care providers and 13% of Head Start teachers. Family child care providers were concerned about the course format for their own learning, wanting more of a chance to talk and practice, while Head Start teachers wished the format included more activities to use with students.

Usefulness was also an emerging theme for both groups of educators. Seventy-five percent of family child care providers and 45% of Head Start teachers commented on the usefulness of the session. One Head Start teacher commented that the session was not useful because there was an overabundance of content. While in the focus group, family child care providers were in agreement that the class was overwhelming and not a good use of their time. This comment supports the last emergent theme in the surveys: interest in the material. Fifty percent of family child care providers and 24% of Head Start teachers were not interested in the material of the course. The Head Start teachers were not interested, as they had already received a similar training. Family Child care providers were not interested in the material, with the focus group discussing the importance of social/emotional learning, but not understanding the class led them? to an overall disinterest in the topic. One provider did confirm the importance of the topic, saying “social/emotional is important, but not like this.”

The reactions to the professional development sessions were negative, so to examine whether the professional development impacted practice at all, the Arnett Caregiver Interaction Scale was used both pre- and post-professional development. An unpaired t-test, previously used by Kontos, Howes, and Galinsky (1996), was used to examine the impact of professional development on quality of interactions between caregivers and children. The unpaired t-test was

used to compare the two groups as a whole, rather than look at specific teachers/providers. The two-tailed t-test for family child care providers resulted in p values of $p \leq 0.97$, while the value for Head Start providers was $p \leq 0.11$. These results show that the difference between pre- and post-professional development on the overall variable of caregiver interactions with children was not statistically significant for either the family child care providers or the Head Start teachers.

To examine how professional identity and barriers relate to views of professional development, survey and focus group data were coded using a priori and emergent coding. Codes were developed utilizing the barriers to professional development including lack of time, cost, price, and knowledge of offerings, and learning difficulties identified by Gable and Halliburton (2003) and DeBord (1993). Table 4 shows the themes related to professional identity and barriers to professional development, as well as the number of comments related to each theme grouped by family child care provider or Head Start teacher.

Table 4

Professional Identity and Barriers to Professional Development Data Analysis

Themes	Number of Comments	Examples
Lack of Time	126 – FCC	80% of family child care providers stated they had a lack of time, due to work. 56% cited family obligations.
	86 - HS	62% of Head Start teachers said they had lack of time due to family, and 24% said they had other issues with time.
Price	61 – FCC 0 – HS	“Even if the class is cheap, I end up buying things to try to do what they teach. It ends up being really expensive.” – FCC

Do not know what is offered	36 – FCC 0 – HS	“Sometimes I get mail, sometimes I don’t. I look online for classes a lot, but these are cheaper.” – FCC
Do not know what courses are required for licensure	63 – FCC 43 – HS	48% of family child care providers said they didn’t know what classes were useful, and 21% said they don’t know what was required. 25% of Head Start teachers were not sure what was required and 18% were not sure what is useful.
Learning Difficulties	44 – FCC 8 – HS	23% of family child care providers said they don’t speak English well, and 25% said they have difficulties with reading and writing.

Lack of time is a concern for both groups of educators, with 74 family child care providers stating they had a lack of time due to work, and 52 citing family obligations. Conversely, a lack of time due to work was not a factor for Head Start teachers, possibly because they receive professional development built into their workday. Price is a major factor for family child care providers, with it being a concern for 61 of them. One family child care provider said, “Even if the class is cheap, I end up buying things to try to do what they teach. It ends up being really expensive.” No Head Start teachers mentioned price at all, possibly because their training is provided for free by their employer. Thirty-six family child care providers expressed they do not know what professional development is being offered, while no Head Start teachers shared that concern. In addition to not knowing what professional development is being offered, many participants from both groups did not know what professional development is required for their licensure requirements. Family child care providers are responsible for meeting licensure requirements on their own, while many Head Start programs provide training for their teachers to ensure they meet these requirements.

Learning difficulties were also a more common factor for family child care providers, with more than 40 of them admitting they experience these difficulties. Among these difficulties were issues with literacy and understanding English. These learning difficulties and lack of English comprehension might be a reason for provider responses around understanding the material. Only eight Head Start teachers expressed learning difficulties but did not elaborate on what they are.

Findings and Discussion

This data collection plan utilized a broad range of collection strategies while focusing on obtaining more pinpointed information regarding the underlying factors of the problem of practice. The data collected through this process was a guide for this research in finding the gaps between providers' current practice and ideal practice related to social/emotional development.

Professional Development Impact on Quality

To what extent do current professional development offerings on social/emotional development impact quality?

The results of the program observation showed very little change on program practice or children's behavior from before the professional development. It is possible not enough time elapsed between the professional development and the observation for there to be a difference. Another explanation for the difference in scores might be that family child care providers did not fully understand the content of the professional development session and were unsure how to implement anything that was taught, as they stated in the focus group discussion. When considering Guskey's (2002) Levels of Evaluating Professional Development, we see that none of the levels were met satisfactorily.

It is important to note that this needs assessment focused on quality from a

social/emotional perspective, looking at relationships between the early childhood professionals and the children, as well as the professional's sensitivity captured by the Arnett Scale, which did not show any statistical improvement. It is unclear if family providers or Head Start teachers view these items as a factor in creating a quality program. Raikes, Raikes, and Wilcox (2005) found that the hours of professional development providers received in the past year was not an indicator of increased caregiver sensitivity. However, previous work suggested targeted professional development is more strongly related to child care quality than the total hours of professional development (Blau, 2001), and the data collected by Raikes, Raikes and Wilcox (2004) reflect total number of professional development hours only.

Views of Professional Development

How do barriers to professional development relate to caregiver views of professional development?

The following results support the work of Gable and Halliburton (2003), who identified professional development barriers for child care workers, including time and cost. These results also highlight that family child care providers need professional development that support their varied learning challenges, which include English language learners (22.8% of respondents) and others (25%) who have difficulties with literacy.

Prior to the sessions, when both sets of early childhood professionals were asked about professional development, there was frustration from both groups. Family providers expressed dissatisfaction in content of past professional development, saying that it was difficult or “not that good,” a sentiment echoed in the research of Taylor, Dunster and Pollard (1999). Head Start teachers all expressed that they received a lot of professional development, but it sometimes is not useful for their programs.

The data show concerns on the part of family child care providers and Head Start teachers about the format of their current professional development offerings. Two thirds of the family child care providers stated very clearly that the course material as presented was not pertinent or relevant to their programs. These results support the findings of Taylor, Dunster, and Pollard (1999) who found that family child care providers want professional development that demonstrates respect for their profession, understand the meaning of quality care and meets their needs and interests.

Effectiveness of Current Professional Development Offerings

How effective is the delivery of current professional development offerings in meeting the needs of adult learners?

Post-professional development, in the focus group, the majority of family child care providers expressed frustration about the length of the session, as well as the usefulness (or lack thereof) of the content. None of the child care providers were able to put anything into practice, with one provider stating she “did not understand the activity.” Another provider stated the “activity did not make any sense” because “our kids are too small for that. They need to experience real things,” referencing that the activity related children’s feelings to colors. “No one turns orange when they are happy,” she said. In addition, 22.8% of family child care respondents are English language learners and 25% admitted to struggling with literacy. Neither of these needs was addressed in the content of the professional development. Head Start teachers were more positive, noting the importance of the topic of social/emotional development and finding ways to implement what was taught in their classrooms. A number of the comments from the child care participants indicated their dissatisfaction with the professional development rather than from the Head Start educators.

When asked about social/emotional development, family child care providers gave responses that were more succinct (“they are well-behaved”), whereas Head Start teachers gave more elaborate responses (“Children are good listeners and are respectful to each other.”). In addition to not being able to implement their new learning into their program, family child care providers could not readily recall information about social/emotional development after the session. This finding was concerning because it was unclear what family child care providers got out of the session or if it was effective in any way. Overall, Head Start teachers described a much more positive experience with the professional development than the family child care providers, and they got more out of the time spent in the sessions.

Discussion

Based on the data collected in the needs assessment, there was no statistical significance in the difference in program quality after the professional development session. Family child care providers and Head Start teachers reported they have various barriers when it comes to finding out about new training opportunities as well as finding the time to attend. However, it was clear that many family child care providers face barriers in language and literacy even when they do attend a professional development class. Family child care providers found the content overwhelming and not useful, as well as being outside of their needs.

Comparing the needs assessment data to Guskey’s (2000) Levels for Evaluating Professional Development, none of the levels were achieved. This might have occurred because, as participants commented in the focus group, they felt the content was difficult to follow, they were unsure what to implement, and they did not think their time was well spent. Perhaps as a result of their confusion during the session, they did not have a clear picture of what to implement and therefore the training had no impact on their practice. Table 5 outlines each of Guskey’s

levels of evaluating professional development as well as which research question the level addressed and the ultimate study outcome as it relates to each level.

Table 5

Outcomes Related to Guskey's Levels for Evaluating Professional Development

Evaluation Level	Purpose	Research Question Addressed	Study Outcome
Participant Reactions	Did participants feel like their time was well spent?	1, 2, 3	Participants felt their time was not well spent because they did not gain new knowledge.
Participant Learning	Did participants acquire the intended skills and knowledge?	1, 2, 3	Family child care providers did not understand the content that was taught.
Organization Support and Change	How was implementation supported?	1, 3	There was no additional support beyond the learning session.
Participants Use of New Knowledge and Skills	Did participants apply new knowledge?	1,3	Participants were unsure how to implement what was taught.
Student Learning Outcomes	What was the impact on students?	N/A	Not measured

Limitations

The research literature pointed to many factors that influence professional development, practice, and social/emotional development. In an attempt to cover all of these factors and include all stakeholders, a parent survey and child observation were completed as part of the needs assessment. The parent and child data were not part of the research focus but did provide additional information guided the direction of the intervention. For example, the parent survey gave insight into why parents choose particular settings for their children, but did not focus on the social/emotional aspects of the program that guided this research.

Other limitations included a 100% response rate for Head Start teachers, but a 61% response rate for family child care providers. This disparity may have been due to a language issue or a time constraint as surveys were handed out at the end of the session. Perhaps a more streamlined survey could have garnered a higher return rate. It should be noted that at the time of needs assessment, the student researcher was employed by the organization that provided training for the family child care providers. This may have impacted their response rate. The timeline for data collection and analysis was limited, which may have also affected the results of the post-professional development data. The sample sizes of Phase 2 of the data collection, including the focus groups and observations, were small, which makes it difficult to generalize from the data as well as utilize multiple measures to analyze data and look for correlations.

Conclusion

The results of this study provided additional information for considering the problem of practice. Based on the results of the post-assessments with family child care providers, their professional development sessions were not as effective in providing implementable learning, and they had difficulty understanding the presentation, as well as implementing the new material

into their programs. Head Start teachers expressed fewer issues with the content, and while there may have been difficulty with implementing the material, that difficulty was more from a logistics viewpoint as opposed to not understanding the material. Both groups showed no evidence or change in their interactions with children after the session. Head Start teachers were more comfortable with attending professional development and learning content, as well as getting professional development courses to meet regulations directly from their employer. Family child care providers struggled to find and pay for courses on their own time because they are independent and must meet regulatory requirements on their own. These data suggest the idea focusing on family child care providers and creating an intervention that is able to address the barriers they have to professional development, as well as provide a learning environment that is more conducive to their unique learning needs as a way of supporting knowledge of children's social/emotional development.

Chapter 3

Intervention Literature Review

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) defines early social/emotional development as:

the developing capacity of the child from birth through five years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn—all in the context of family, community, and culture (Yates et al., 2008, p. 2).

These core competencies are not innate; all children can be taught these skills and have them improve over time, particularly if they are taught at a young age (Durlak et al., 2011).

Social/emotional competencies are identified as some of the most important abilities that support early school success and academic growth during elementary school (Denham et al. 2012; Jennings & DiPrete, 2010; Romano et al., 2010). These competencies are defined by the Collaborative for Academic, Social, and Emotional Learning (CASEL) as: self-awareness, including identifying emotions; social awareness, including empathy and respect for others; self-management, including impulse control; relationship skills, including communication; and responsible decision-making, including solving problems. Children use their emotions to facilitate their learning, and because of this, social/emotional learning has been identified as crucial to preschooler's well-being, mental health, and school success, not only in early childhood but also as they mature (Denham, 2006). These competencies are displayed in CASEL's Social & Emotional Learning Core Competencies (see Figure 2, Chapter 1).

Teachers play a critical role in the social/emotional development of their students (Birch & Ladd, 1998; Hamre & Pianta, 2001, 2006; Murray & Greenberg, 2000; Pianta et al., 2003).

Teachers influence their students by how they model social/emotional learning components, including how manage their classroom.

There is evidence that sensitivity contributes to positive teacher-student relationships and classroom climate (Pianta et al., 2002), many social/emotional learning programs rely on a prepared teacher to act as a coach and role model (Jennings & Greenberg, 2009). Successful implementation depends on the teacher's ability to create an environment that is conducive to social/emotional learning. Findings indicate multiple factors, such as teachers' own teaching efficacy, and the quality of the relationship between educators and those delivering professional development and coaching—can affect the quality of the implementation of new learning (Domitrovich & Greenberg, 2000; Ransford, 2007; Ransford et al., 2006). This is one reason why it is essential professional development around social/emotional development for family child care providers contain content that is easily implemented and increases the provider's efficacy. The following section describes the theoretical background of adult learning methods and mastery learning that will support providers in implementing social/emotional development into their child care programs.

A needs assessment was conducted to examine professional development around social/emotional learning across family child care and Head Start settings to develop awareness of the differences between environments and, if required, to learn what is necessary for the settings to improve or become more equitable. The results of the studies reviewed in the literature and needs assessment provided additional information for considering the problem of practice. Based on the results of needs assessment surveys and focus groups, family child care providers reported current professional development sessions unhelpful, further explaining that the sessions did not meet their learning needs and the content was not easily implemented in their

unique program settings. In addition, family child care providers have specific learning needs, as 22.8% of survey respondents are English language learners and 25% admitted to struggling with literacy. These data suggest that creating an intervention that focuses on family child care providers may be a way of supporting knowledge of children's social/emotional development and implementation of new practices into their programs.

Theoretical Framework

Assessment data is used by both students and instructors to see what was learned and what needs corrective instruction. Little variation in teaching results in great variation in learning, according to Benjamin Bloom (Guskey, 2007). Bloom created a theory of learning for mastery that focuses on not only teaching concepts, but also on performing assessments before moving on to allow all learners to master the subject (Bloom, 1976).

Mastery learning is achieved by organizing the concepts instructors want learners to master into units. Successful learning can be achieved by almost all learners, given ample time and appropriate, timely feedback (Cooperman, 2011). This is particularly useful for adults who may not achieve mastery after one professional development session.

The flow of mastery learning includes initial instruction on the unit content, followed by a short formative assessment based on desired learning outcomes. From that point, the instructor and learner can see what was learned and what needs review. For those who need more help, they will be directed through corrective exercises, and those who have an understanding of the content will complete enrichment activities (Bloom, 1976). These assessments not only help the instructor plan, but also allow learners to identify what they have learned well and what they need to learn better (Bloom et al., 1971). Figure 6 outlines the concept of mastery learning as described by Bloom (1976).

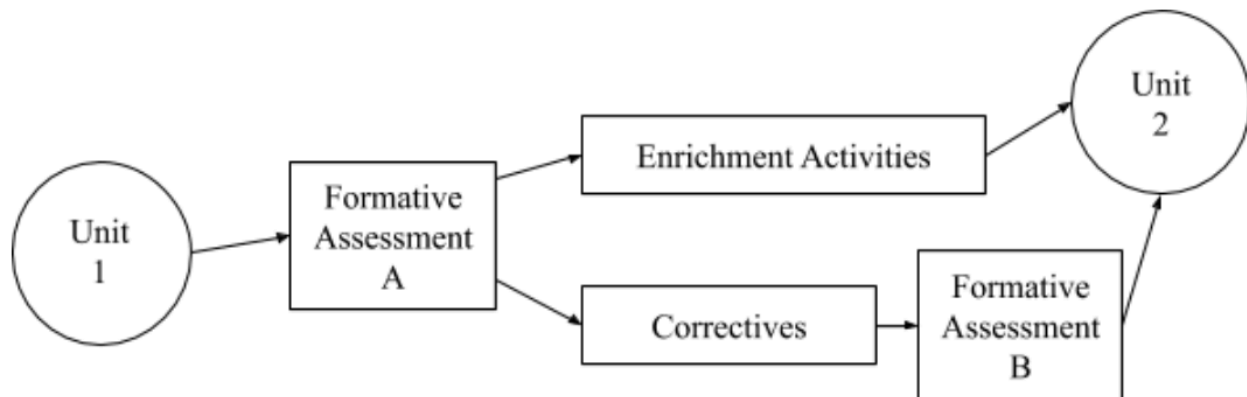


Figure 6. Bloom’s mastery learning instructional process. Adapted from “Does it make a difference? Evaluating professional development” by T.R. Guskey, 2002, *Educational Leadership* 59(2), 45-51. Retrieved June 7, 2020, from: <https://eric.ed.gov/?id=EJ640979>. Copyright 2002 by Thomas R. Guskey.

When considering the instructional process for adult learners, the concept of placing learning back into the hands of learners is also apparent in Knowles’ theory of adult learning (1980). Knowles believes adults need to be involved in the planning and evaluation of their instruction for the instruction to be effective. Knowles also posits that it is human nature to feel more committed to something when the learner participates in making it.

Bloom (1978) stated that learning should focus on higher level thinking skills, such as application and problem solving leads to better outcomes for learners. He stated,

I find great emphasis on problem solving, applications of principles, analytical skills and creativity. Such higher mental processes are emphasized because this type of learning allows the individual to relate his or her learning to the many problems he or she encounters in day-to-day living. (Bloom, 1978, p. 578)

Relational learning is also evident in Knowles’ (1980) *Principles of Adult Learning*. His ideas on adult learning, which he referred to as andragogy, reflect the belief that adult learning should be

problem-centered rather than content-oriented. Knowles found in his work that adults are most interested in subjects that have immediate relevance and impact on their job or personal life.

Bloom emphasized the importance of quality instruction. To define quality, he relied on the definition of Carroll (1963), who stated, “quality of instruction in terms of the degree to which the presentation, explanation and ordering of elements of the task to be learned approach the optimum for a given learner” (p. 159). This definition of quality differs based on the needs of the learners and according to Knowles (1984), adult learners have their own sets of needs. The principles of mastery learning outlined by Bloom complements what Knowles’ referred to as the andragogical process of program development.

Andragogy, or the method and practice of teaching adult learners, makes the assumptions that an adult learner: (a) can direct their learning, (b) has a plethora of relevant life experience to use as a tool for learning, (c) has learning needs that are related to changing social status or role, (d) is interested in immediate application of knowledge, and (e) has an internal motivation to learn (Knowles, 1980). A main tenet of andragogy is treating adults with respect so they feel supported, and doing so in an informal environment that allows the learner to feel in control (Knowles, 1980).

Table 6

A Comparison of Knowles’ Andragogical Process and Bloom’s Learning for Mastery

Professional Development	Knowles’ Andragogical Process of Program Development	Bloom’s Learning for Mastery
Planning	Establishment of a climate conducive to adult learning	
Content	Creation of an organizational structure for participative planning	Organize concepts into instructional units

Evaluation	Diagnosis of needs for learning; Formulation of objectives Development of design of activities;	
	Operation of activities	Perform 1 – 2 weeks of instruction on units
	Re-diagnosis of needs for learning (evaluation)	Administer formative assessments based on learning goals
		Learners either complete enrichment or corrective activities Final formative assessment

Grounded on Bloom’s and Knowles’ theories, the motivation for the research study will focus on how current professional development models for family child care providers are not addressing their needs instructionally and/or resulting in change of practice. An intervention plan should include Knowles’ andragogical process and be centered on Bloom’s theory of not only learning but also mastery of content.

The findings from the needs assessment support the theories described since family child care providers felt current professional development offerings did not meet their learning needs. When the offerings did not meet the content and instructional needs of the providers, the providers felt confused and unable to implement new learning and practices in their program. The use of structured lessons through Knowles’ Process of Program Development (1984) includes an initial establishment of a climate conducive to adult learning, which could make professional development sessions more worthwhile for providers. The needs assessment also showed a disparity between the learning of Head Start teachers, who often have a bachelor’s

degree, and family child care providers, who have a mixed level of education. Therefore, the following review will synthesize intervention literature to provide evidence of methods that can provide family child care providers with effective practices and eventual greater self-efficacy around teaching social/emotional learning practices.

Synthesis of Intervention Literature

Through an examination of the literature using the lens of both Bloom and Knowles, this review will examine social/emotional learning programs that have seen success. These successful programmatic aspects will provide the foundation to the intervention program.

Professional Development Planning

When establishing an adult learning environment, Knowles' (1972) focused on both the physical and psychological. The qualities of these environments on which Knowles' (1972) placed emphasis when creating an environment for adult learners included informality, mutual respect, physical comfort, collaboration, openness, authenticity, trust, non-defensiveness, and curiosity.

The ideal physical environment for an adult learning session is a setting that resembles a “comfortable old home” (Knowles, 1972, p. 37) which he defined as “a space that is lived in and neither too sterile or too lavish” (p. 37). Vosko (1991), a space specialist, shared observations of how a building or classroom design can impact the patterns of adult behavior. He explains how factors such as seating arrangements, sightlines, and technology can impact how an adult learner experiences the content. He suggests space extends an invitation to the learner to be comfortable, while being sensitive to the needs of learners who prefer quiet spaces.

The psychological climate is determined by the relationships of the people within the physical environment; including the relationship between the instructor and participants, and

how the instructor defines roles. The ideal psychological environment is one where instructors perform as both a facilitator and a resource in an ultimate process of self-directed learning (Knowles, 1972).

Alternative Methods. Providers have varying levels of education, and because many are immigrants, also have varying familiarity with the English language. This was true in the practitioner researchers needs assessment population. For this reason, various methods of adult learning must be studied that reach learners of various levels and abilities. The concept of learner identities has been studied at child-level; however, looking at the learning identities of non-traditional adult learners can provide insight to the thought processes, needs, and goals of those reentering education (Crossan et al., 2003). A non-traditional adult learner is defined as someone usually aged 25 and over and having adult responsibilities, such as working full-time, financial independence, being a single parent, and/or having a non-traditional educational background such as beginning college later in life or never completing high school (Horn & Carroll, 1996; Kenner & Weinerman, 2014). An ethnographic study completed by Crossan et al. (2003) with 70 adults seeking to continue their education found that participation in learning for non-traditional students cannot be predicted or controlled, because, for adults, learning becomes subjective as new learning gets coupled with other life events and experiences, becoming more complex. Through the narratives from two of the 70 participants, Crossan et al. (2003) suggest that one way to educate non-traditional learners is to appreciate the ambiguity in their learning process and find ways to understand their development as they progress through a program.

Researchers have found early childhood professionals, like child care providers without a bachelor's degree, can have an equal impact on children as can professionals with degrees by participating in a mentoring or supervision program (Howes et al., 2003). A study completed by

Fuligni et al. (2009) used 103 early childhood teachers from different settings, including family child care and public center-based care. All participants had varying educational levels, but all worked with low-income students in Los Angeles. The study was conducted to find patterns in education in relation to the teacher's beliefs and teaching practices. The data were collected via questionnaires regarding their demographic characteristics, personal education, experience with teaching children, and overall teaching philosophy. The researchers found that overall, regardless of professional setting, the teachers were similar in many ways; however, the group with the lower educational levels would benefit from more mentoring and support (Fuligni et al., 2009).

In addition to mentoring and support, researchers have found that andragogical practices (Alewine, 2010) and informal learning (Taylor, 2006) benefit non-traditional learners. Alewine (2010) conducted a study using 24 GED students at a correctional facility to find out if andragogical practices could benefit non-traditional adult learners. Family child care providers fall under the umbrella of non-traditional adult learners, as they have varied educational backgrounds, with many having a GED or high school diploma as their highest education level completed.

Alewine (2010) divided his sample into two groups: those who received a one-week orientation treatment, and those placed in a control group. This study was grounded in the work of Knowles (1980), who stated that involvement of the learner in the educational process helps adults reach their educational goals. The curriculum Alewine (2010) utilized was built upon the work of Wlodkowski (1985), who asserted that a pleasant environment with emotions that include joy, optimism, and confidence are most conducive to learning in adults. Using two groups, one utilizing an orientation using the andragogical method of self-directed learning and one control group, the research showed that the andragogical group showed more positive

behaviors and outcomes and an increased classroom ethos.

For some learners, a positive learning environment may not be a traditional one. Livingstone (1999) defined informal learning as any activity involved in the acquiring of understanding, knowledge, or skills that occurs without the presence of an externally imposed curriculum. Informal learning is oriented on the learner, but instead of didactic teaching methods, the focus is on what has been or can be learned through life experiences (Taylor, 2006). Taylor (2006) conducted a small ethnographic study of ten participants utilizing an oral survey, finding that adult learners with limited literacy skills perform tasks much like literate adults. It was also found that the workplace is a rich environment for informal learning. It was suggested that workplace instructors, or mentors, work with individuals to determine their needs and work to find ways to address those needs (Taylor, 2006). Mentoring, which focuses on individual learners within the scope of informal learning, echoes the findings of Howes et al. (2003) and Fuligni et al. (2009) who support non-traditional adult learning through a mentorship or support program, rather than traditional in-classroom professional development. One way to provide support is through one-on-one coaching.

Coaching. Coaching is a “voluntary, nonjudgmental and collaborative partnership that occurs when one desires to learn new knowledge and skills from the other,” (Hanft et al., 2004, p. 1). The purpose of coaching is to improve learning and application of interventions and teaching strategies (Sheridan et al., 2009). Coaching should include observations, demonstration, guided instruction, reflection, ongoing feedback, and evaluating the relationship between the coach and participant (Hanft et al., 2004). Research has shown that ongoing experiences in field-based settings, that allow the participant to feel supported, are more beneficial than basic classroom instruction (Joyce & Showers, 2002). Joyce and Showers worked with eight high

school English teachers who were learning about a new teaching model. The teachers attended professional development, observed demonstrations, and watched videos explaining the new model. When it came time to implement the model, teachers struggled and began to work together to coach each other through the model. The coaching process, which Joyce and Showers (1982) compare to coaching athletes allows teachers to practice and integrate their new skills as a team, thus having better results than working alone.

Educators want to improve their practice, but many oppose ideas that will require them to radically change their current procedures (Guskey, 2002). For professional development to be successful, it needs to explicitly show how the new idea will be implemented and be presented in small, incremental steps. Teachers, as well as providers, also need continued support and follow-up after the initial professional development (Guskey, 1986), as few participants can move from a professional development session to implementation unassisted. To achieve this, Joyce and Showers (1982, 2002; Fox et al., 2011) suggest coaching to provide teachers with ongoing feedback.

One such study that examined the effects of coaching versus professional development was conducted by Neuman and Wright (2010). The goal of this study, involving six cities and 148 early childhood programs, was designed to see if coaching or professional development was most effective in increasing early childhood teaching practice and teacher knowledge. In the study, Group 1 received a 30-hour in-classroom program in early language development; Group 2 received on-site professional development and individualized coaching (Neuman & Wright, 2010). Before the professional development, all teachers were pre-assessed on their early language and literacy development using the Teacher Knowledge Assessment of Early Language and Literacy Development (Neuman & Cunningham, 2009). During the study, researchers

randomly selected 54 participants to interview to find out how the professional development or coaching was affecting their practice. The results showed no statistically significant differences between teachers that received professional development alone or professional development with coaching. However, coaching did impact the structural characteristics of the learning environments such as furniture placement, library areas, and general layout and flow of the classroom (Neuman & Wright, 2010). These results suggest that coaching is a viable form of professional development (Neuman & Wright, 2010). Coupled with an appropriate professional development program grounded in andragogical practices that allow adults to take charge of their learning (Knowles, 1980), coaching has the potential to help child care providers learn and implement a new programmatic knowledge and improve their practice.

The impact of coaching for early childhood professionals in conjunction with a classroom-based professional development program was studied by Hemmeter et al. (2015). They studied preschool classrooms in three elementary schools, where each classroom had 2 to 4 children exhibiting challenging behaviors. Teachers were each assigned a coach, and attended three professional development sessions and three coaching sessions. The authors argued that professional development, coupled with coaching, was effective for supporting early childhood professionals.

Another study that combined professional development and coaching was conducted by Fox et al. (2003) with the Pyramid Model for Promoting Social/Emotional Competence in Young Children. The Pyramid Model focuses on a layered approach to developing and teaching tiered social/emotional skills. The Fox et al. (2003) study using this model was conducted with three teachers. The teachers received a two-day professional development on the Pyramid Model along with in-classroom coaching. The program was structured so the coach and teacher worked

together to create an action plan including goals, steps, and a timeline. As the teacher progressed through the action plan, the coach provided supplemental materials to aid in implementation. During each coaching session, the coach would record observations, hold a debriefing meeting, and email the participant with feedback (Crossan et al., 2003). As a result of the Pyramid Model intervention, all participants in the study increased the use of targeted instructional practices (Hemmeter et al., 2015). This practice reflects the belief of Crossan, et al. (2003) from their ethnographic study that programs should discover ways to understand the participants as they progress implementing a program. Although the results of the Fox et al. (2003) study were positive, it is important to note that a sample size of three is a limitation. Even with this limitation, the authors purport that effective coaching models are needed in addition to customary professional development.

Planning requires an instructor to consider the environment and the learners when designing a professional development session. The research presented here shows that adults learn best in informal environments where they can interact and learn from their peers. Coaching adds a layer to learning as the learner has the opportunity to practice under the guidance of a peer or professional development instructor to work toward a deeper understanding and implementation of new concepts and ideas.

Professional Development Content

The overall model and planning of a professional development program is important; however, the design and content is also a factor. The design of professional development needs to be closely related to the intended outcome (Joyce & Showers, 1982). When instructing about social/emotional learning, providers should be given the parallel learning opportunities they would expect the children to experience. For example, if a provider were to learn about

friendship skills, methods that providers are expected to employ should be utilized within a professional development session. This makes the learning practical, and builds upon their background knowledge (Joyce & Showers, 1982). In a coaching model, the relationship between the provider and coach allows providers to work on their own social/emotional competencies such as relationship skills, self-management, and self-awareness. Although providers may have varying levels of education, all have the life experiences necessary to activate their learning in a classroom that supports andragogical practice.

Looking specifically at the content of the Reaching Educators and Children (REACH) program, which is a professional development and coaching intervention program designed to increase early childhood professionals' capacity to support children's social/emotional development (Conners-Burrow et al., 2016). The REACH program emphasizes workforce development as its base for improving child outcomes. The professional development and coaching are grounded in the Pyramid Model, a framework made up of four levels of practice. These levels address needs of all children of all children, including children that may have challenging behaviors (Fox et al., 2003), outlined in Figure 7.

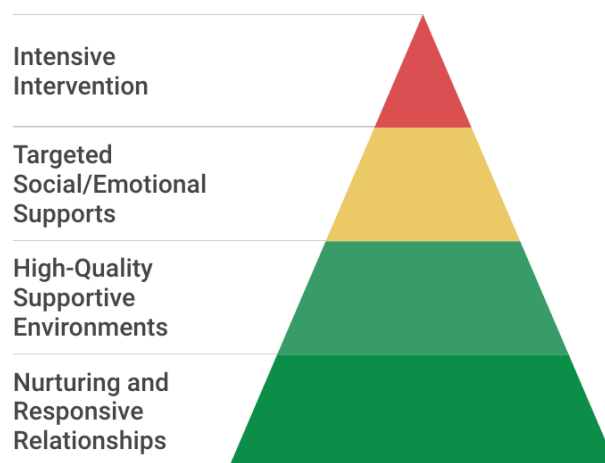


Figure 7. The Pyramid Model adapted from <https://challengingbehavior.cbcs.usf.edu/Pyramid/overview/tiers.html>. Retrieved May 14, 2020

The Pyramid Model structure is similar to the Response to Intervention (RTI) process, which monitors student progress and helps educators make decisions about instructional modifications, or intensified intervention services (NRCLD, 2006). The RTI model is broken down into tiers of support, outlined in Figure 8.

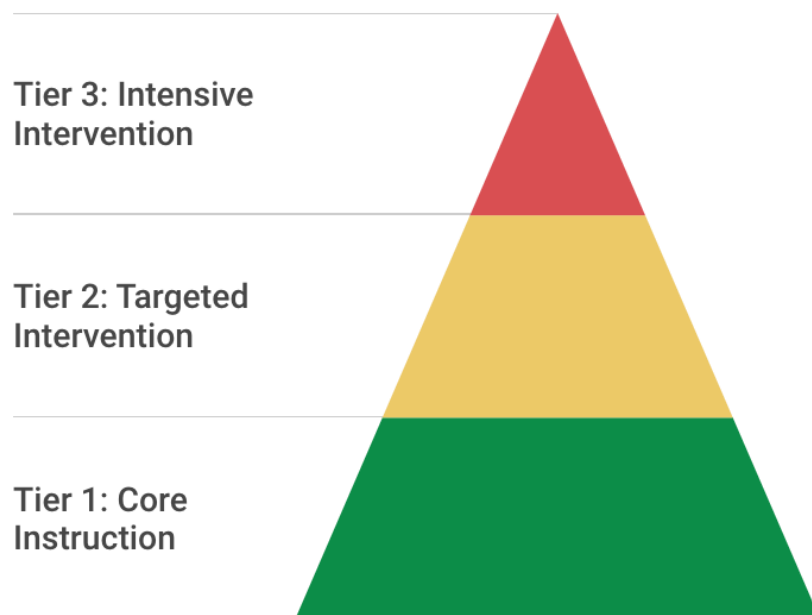


Figure 8. Response to Intervention Model adapted from ldisd.net (n.d). Retrieved May 14, 2020 from <https://www.ldisd.net/domain/2380>.

Comparing the two models, Tier 1 (research-based core instruction) mirrors the relationships and environments described in the Pyramid Model. Tier 2 are the targeted social/emotional supports, and Tier 3 are intensive interventions.

The REACH program was organized around six teacher workshops that covered everything from the basics of good behavior to more advanced strategies for dealing with children who need extra help. Its organization echoes The Pyramid Model, which is not a predesigned curriculum, but instead a program that through lessons and activities, teaches positive behavior supports to early childhood professionals. The REACH program is made up of

the pyramid's base, which details the importance of nurturing and responsive relationships between children and family child care providers; the next tier describes a high-quality supportive environment; the third tier focuses on targeted social/emotional supports; and at the top is some intensive intervention (Fox & Hemmeter, 2009).

In addition to the professional development component of REACH, coaches visit programs after each of the six workshops (Conners-Burrow et al., 2016). The REACH program was assessed in 197 toddler and preschool classrooms, and 90% of those teachers indicated they would recommend the program to their peers. Teachers were pleased with the program: 94% said they improved the way things work in their classrooms, and 92% reported they developed a positive relationship with their coach. However, only 76% said they observed a difference in children's behavior (Conners-Burrow et al., 2016). Researchers stated their research design was limited and does not allow them to speak definitively on child outcomes, and suggest that additional research be performed in this area (Conners-Burrow et al., 2016).

The initial assessment of the Pyramid Model was conducted by Demchak et al. (1992). This assessment was conducted to test the implementation and professional development methods of the Pyramid Model using nine teachers at a university-affiliated child care center. The professional development consisted of approximately three hours of classroom learning over a three-day period. Methods focused on role-playing and analyzing pre-taped interactions with children. After the professional development, participants were instructed to train their co-teachers or assistants on the procedures and to keep anecdotal records (Demchak et al., 1992). The results of the professional development and program implementation led to increased performance in behavior management strategies for the participants and those they trained on the procedures (Demchak et al., 1992). Children's behavior also supported the effectiveness of the

Pyramid Model, and staff expressed satisfaction with the program and the professional development procedures (Demchak et al., 1992). The Pyramid Model used a Teaching Pyramid Observation Tool to check for success in implementation. The tool can be used by teachers independently, in small groups or with a coach (Fox & Hemmeter, 2009). Having teachers use an assessment tool is vital to the success of a professional learning session (Guskey, 2002).

Another professional development program for early childhood educators is Learning to Live Together (Rosenthal & Gatt, 2010). This program is geared toward providing research-based knowledge, similar to the Pyramid Model, that provides specific interventions that can support social/emotional development (Rosenthal & Gatt, 2010). In addition to the focus on children's learning, the content of the program also focuses on the providers' own beliefs and attitudes around social/emotional development and examines their role in the process of developing these skills in children (Rosenthal & Gatt, 2010). The professional development program consists of 12 in-classroom sessions, followed by consultation sessions in small groups. All learning is introduced in an informal, non-academic manner (Rosenthal & Gatt, 2010), which supports the andragogical practices of Knowles (1980).

The researchers in the Learning to Live Together program worked with 82 family child care providers in 12 child care centers to learn how the program affected both children's and caregiver behavior. After the implementation of the program, family child care providers were more likely to offer verbal and emotional support to children than family child care providers who did not participate in the program. Children's behavior also improved, as the results showed that children were less aggressive and had improved social skills (Rosenthal & Gatt, 2010). Similar to the Pyramid Model, Learning to Live Together does not give educators a set curriculum to follow with students rather, it provides family child care providers a 'professional

toolbox’ of methods and processes they can adapt to the needs of their group (Rosenthal & Gatt, 2010).

REACH (Conners-Burrow et al., 2016), The Pyramid Model (Demchak et al., 1992) and Learning to Live Together (Rosenthal & Gatt, 2010) are programs designed to target improving social/emotional learning through teacher education, rather than focusing on a set curriculum for children. The programs were successful, not only in improving outcomes for students but also in changing provider beliefs and attitudes about social/emotional learning. The nine participants in the Pyramid Model study said they would continue to implement the procedures (Demchak, Kontos, & Neisworth, 1992). Teachers who implemented the Learning to Live Together program also were going to continue the program, but researchers felt they needed continuous support to sustain the effectiveness (Rosenthal & Gatt, 2010). The 197 teachers in the REACH program were also satisfied and found the components useful to their practice; however, researchers felt there was a need for additional research around the program’s effectiveness with children (Conners-Burrow et al., 2017).

Professional Development Evaluation

The programs described—REACH, The Pyramid Model and Learning to Live Together—led to changes in student behaviors and teachers who implemented these programs, and teachers wanted to continue the programs post-research. Several curriculums, such as Classroom Links to Early Literacy, The Responsive Early Childhood Curriculum, and PATHS (Promoting Alternative Thinking Strategies), showed positive impact for the children with regard to various areas of their social/emotional development. These programs did not specifically focus on developing the teacher’s understanding of social/emotional development (Ashdown & Bernard, 2012), but simply taught them how to implement the curriculum (Kramer et al., 2010).

Classroom Links to Early Literacy is a professional development program for Head Start that includes a coaching component with its professional development sessions (Powell et al., 2010). In this model, 88 classrooms in 24 various Head Start programs applied the Classroom Links to Early Literacy curriculum. Teachers attended a 16-hour workshop on the curriculum, which was followed by seven coaching sessions over a 15-week semester (Powell et al., 2010). Intervention classrooms showed larger gains in literacy development than classrooms in the same programs that did not attend the professional development. The Classroom Links to Early Literacy study was limited because it was not clear what was gained from the classroom instruction versus the coaching, as all participants received both. However, Powell et al. (2010) purport that intensive professional development including the use of coaches can significantly improve outcomes for children.

The Responsive Early Childhood Curriculum (RECC) is an intervention targeted at improving the social/emotional competencies in at-risk toddlers, defined as children in poverty (Landry et al., 2014). The program included a six-week professional development session for teachers, followed by nine months of weekly coaching support. The curriculum includes using responsive-style teaching and cognitive-readiness activities (Landry et al., 2014). Responsive-style teaching included promoting children's development in both social/emotional skills as well as linguistic and cognitive skills.

This was done by teaching early childhood teachers how to establish a schedule so children would anticipate what would happen during the day, setting up the classroom so the children could access various materials, and setting up an environment that included small spaces to give the children choices (Landry et al., 2014). Researchers used different methods to collect data regarding the curriculum: questionnaires completed by teachers, and observations of

teachers and children by researchers. The RECC program proved successful in increasing children's social competence and behavior regulation; researchers also found teachers showed increased levels of responsiveness, which had a direct effect on the children's increased skills (Landry et al., 2014). The structure of the RECC program allowed teachers to receive feedback from their coaches on their progress and the progress of their students, supporting Guskey's (2002) idea that for a professional development implementation to be successful, teachers need feedback on their students' progress. This study also supports the use of coaches to improve student outcomes, much like Powell et al. (2010).

The Head Start Research-Based, Developmentally Informed program (REDI) is a program targeting the promotion of school readiness competencies in social/emotional development and cognitive development (Bierman et al., 2008). While the REDI program is a comprehensive early development program, PATHS (Promoting Alternative Thinking Strategies) is the portion of the program specifically designed for social/emotional development (Domitrovich et al., 2007). The core of the PATHS curriculum emphasizes awareness of oneself as well as in others. The focus is less on behavior modification and more on supporting children's own ability to self-regulate (Domitrovich et al., 2007). The curriculum consists of 30 weekly lessons and includes a designated coordinator at each site to help with implementation, as well as provide support to the teacher, much like the role of a coach evidenced in the RECC (Landry et al., 2014) and Classroom Links to Early Literacy Programs (Powell et al., 2010).

Researchers conducted a clinical trial of the curriculum in two Head Start programs with a total of 20 classrooms, ten intervention and ten control. Children were given several assessments to test their emotional knowledge, attention, inhibitory control, and interpersonal problem solving (Domitrovich et al., 2007). The results of the clinical trial showed Head Start

teachers could successfully implement the PATHS program and improve social skills of their students in less than one year (Domitrovich et al., 2007). While the results of the assessments showed improvement, it is impossible to know if the improvements were strictly due to the intervention or due to the maturation of the children over the course of the year. Unlike the RECC program (Landry et al., 2014) the PATHS program did not contain any embedded assessments for teachers to receive feedback on their students' growth; this lack of feedback does not allow teachers to reflect on the implementation of their professional learning practice, which prohibits teachers from obtaining data on their own effectiveness (Guskey, 2002).

None of the studies looked beyond the implementation of the programs to see if teachers were still using them post-research, nor were children reassessed later to see if their social/emotional skills had maintained or continued to grow. While the curriculum programs discussed sought to increase the development of the children, it is the teachers who ultimately need to believe in and deliver the program to students (Guskey, 2002). Richardson (1996) argued strongly that a chief objective of professional development should be to create changes in teachers' knowledge, beliefs, and attitudes, because it is these components that show the strongest correlation to teachers' classroom practices. Research from the identified curriculum programs was lacking in obtaining teacher feedback of the program elements, delivery, and the implementation. This lack of follow-up regarding student progress, according to Guskey (2002), makes it more difficult for teachers to buy into a new program. Guskey (2002) believed teachers cannot change their attitudes or beliefs about a new program until they see evidence the innovation works. In the case of the curriculum studies described, researchers dictated change in teachers and classrooms; they did not collaborate with them (Ward & Tikinoff, 1976). Research has also shown that to be successful, implementation of new programs should be seen as a

process, and not just an event (Loucks-Horsley et al., 1987).

Change in Beliefs and Attitudes. The purpose of professional development is ultimately to foster an improvement in education; however, the research findings indicate that most programs are unsuccessful (Cohen & Hill, 2000; Wang, Frechtling, & Sanders, 1999). This failure, Guskey (2002) posits, is because most professional development does not consider what motivates teachers and the actual process in which change occurs. One study that examined specifically what teachers want in professional learning sessions was conducted by Fishman et al. (2003). Their work focused on a new middle school science curriculum, working with 40 teachers. In the Fishman et al., the model focused on obtaining teacher feedback after each professional development session to rate the usefulness of the workshop. The teachers' suggestions were then applied to subsequent workshops over the course of eight to ten weeks. Researchers found the feedback model kept teachers engaged in the learning, and was effective because of increased understanding of the material by students as evidenced by observations and comments from teachers (Fishman et al., 2003). This study could have been strengthened by using a normed assessment for students to track depth of understanding of the new curriculum.

Teachers attend professional development beyond what is required of them because it will expand their knowledge and skills and enhance their practice (Fullan & Miles, 1992). This concept can also be applied to family child care providers. Child care providers are required to attend professional development for licensure; however, Taylor et al. (1999) found providers also want to attend professional development out of a love of learning and motivation to grow as a professional. In fact, providers who participated in the 17 focus groups in Canada led by Taylor et al. (1999) said professional development also improved their credibility as educational professionals, helped them to not be viewed as just a babysitter, and could help solve particular

issues they were facing with children in their care. Providers also have unique motivations (Taylor et al., 1999; Torquati et al., 2007; Nelson, 2010), including networking with their peers, as many family child care providers work alone. It is possible to motivate providers to learn about social/emotional development with a professional learning program that is designed to meet their needs as both adult learners and child care providers.

Summary of the Proposed Intervention

To improve children's social/emotional development, and truly change provider practice in relation to social/emotional learning based on the review of the research, the answer is not to develop a curriculum for providers to simply use. The goal is to create a comprehensive professional development program that teaches child care providers about social/emotional learning, and arms them with tools related to child development they can apply to their programs by creating a structure of learning that allows for participative planning (Knowles, 1984).

The Pyramid Model has been proven effective in both professional development delivery (Demchak & Kontos, 1992) as well as when utilized with coaching (Hemmeter et al., 2015). Hemmeter et al. (2015) discovered that using coaching, through the Pyramid Model in addition to classroom-based professional development, is beneficial, aiding in teachers implementing their new learning. The informal learning demonstrated by professional development using the Pyramid Model, through the use of role-playing and group discussions, aligns with Knowles' views on teaching non-traditional adult learners.

The structure of a professional development program for early childhood providers reflects the work of Bloom and Knowles, and as the professional development program progresses, the researcher will rediagnose the needs of the learning from previous sessions by analyzing learner needs and accepting ambiguity before planning the next session (Knowles,

1984). This evaluation of learning will result in providers completing corrective or enrichment activities (Bloom, 1978) around needed topics to improve their learning and increase success. Assessments will be delivered in the form of observations where providers will be rated using the Teaching Pyramid Observation Tool (TPOT) (Fox et al., 2012) to check for understanding of learning goals.

By creating a professional development program based on informal learning, together with coaching, the intervention will provide a solid base for providers to learn new practices and witness changes within the children in their care that may lead to a change in their beliefs and attitudes. It is ultimately the change in beliefs and attitudes, according to Guskey (2002), will lead to a lasting, impactful change on social/emotional learning in their programs.

Chapter 4

Intervention Procedure and Program Evaluation Methodology

A targeted program of professional development was presented to improve the quality of child care programs as they relate to social/emotional development. A search and analysis of the literature has revealed that professional preparation and educational standards for child care workers are low (Mitchell & Morgan, 2000; Raikes et al., 2005), which leads to decreased quality of care, including in the area of social/emotional learning (Votruba-Drzal et al., 2004). In addition, the needs assessment showed that family child care providers were not satisfied with the current professional development offerings because they are not designed with the needs of the family child care providers in mind, as learners or as practitioners. One portion of the problem might be that the current professional development sessions offered are lecture-based, and an environment conducive to adult learning is not created (Falasca, 2011; Knowles, 1972). Therefore, the proposed intervention professional development sessions were focused on participant outcomes, as well as quality by utilizing Knowles' andragogy as its main tenet.

A Pyramid Model for professional development (Fox et al., 2003), which is a tiered intervention framework for promoting the social, emotional, and behavioral development of young children, was utilized to cover the foundations of developing positive relationships with children and families. Child care providers learned interventions that may be used with children that exhibit challenging behaviors. Within the professional development program, in-home coaching (Kilmer, 1979; Hemmeter et al., 2015) was used in conjunction with classroom learning. The professional development program was developed and was tailored progressed with the input of participants through the use of questionnaires, and conversations with the student researchers in coaching sessions. The purpose of participant input was to allow them to have control of their learning (Knowles, 1978) and to provide them with content and a delivery

model that meets their needs (Knowles, 1978). The immediate outcomes of this intervention are increased quality of programs related to the social/emotional development and increased knowledge of social/emotional development.

The intervention was guided by a process evaluation allowing for the student researcher to receive feedback from participants on the content and delivery of the course, as well as receive assessment data from coaching sessions about content implementation. Ultimately, the outcomes of the intervention were increased knowledge of social/emotional learning and the ability of the providers to implement the content they learned throughout the intervention. The research questions that guided this intervention are:

1. To what extent did participants believe the professional development course content and delivery met their needs?
2. To what degree did the combined professional development and coaching impact provider efficacy around social/emotional program characteristics, including overall knowledge, sensitivity, and learning environment?
3. What were the differences in implementation practices between providers who had the coaching component and those who did not?

Research Design

Process Evaluation

This intervention relied on the ability of the unique and reactive planning process to be effective; thus, it was imperative the process evaluation be used to identify the components that are effective, the conditions in which it is effective, and for whom it is effective (Linnan & Steckler, 2002). Thirty participants were recruited; 15 completed the intervention program and attended all six professional development sessions (for a total of 18 hours) as well as participated

in three 1-hour long coaching sessions. The other 15 participants participated only in the six professional development sessions.

A core concept of the intervention was the expectation that the professional development sessions would be high-quality and refined with the evaluative feedback from participants. Effective implementation of the intervention allowed participants to achieve all of the constructs detailed in the theory of treatment, including increased knowledge of social/emotional development, increased sensitivity, and efficacy in creating a learning environment conducive to social/emotional learning.

Context. Context focuses on the aspects of the environment in which the intervention occurs (Baranowski & Stables, 2000). Within this intervention, context was broad because each participant was from their own independent program. Context would vary based on their program size, student population, and individual resources. For these reasons, context was measured on the basis of generalizability by using the Teaching Pyramid Observation Tool (TPOT) (Fox et al., 2012) to gauge implementation practices from each session. The targeted goal was that 80% of professional development program participants will implement at least three ideas/components from the learning sessions as evidenced by the TPOT. The continuous assessment of the TPOT would provide the information needed to ensure participants would be able to meet all of the identified treatment constructs. These assessments not only provided feedback on the generalizability of the content, but also provided potential content targets for the upcoming professional development sessions, as the student researcher was able to see what content has yet to be mastered.

Outcome Evaluation

The outcome question was, “What were the differences between providers who attended

professional development and participated in coaching, and those who just attended professional development in self-efficacy around social/emotional practices?” Based on this question the hypothesis for the outcome was that the quasi comparison design with regression discontinuity will show a significant increase in utilizing content and methods taught within the intervention regarding social/emotional learning as measured by the coaching observations. The overall outcome of provider efficacy would be assessed utilizing the TPOT, which measured how well providers were implementing the tiered Pyramid Model that supports children’s social abilities while preventing challenging behaviors.

Methods

Participants

There were 30 participants recruited via phone and email for this intervention study. Selection criteria were that participants must be part of a regulated child care program within New York City. In states like New York, to be a family child care provider requires no pre-service pedagogical professional development (NYS OCFS, 2017; Philips et al., 1990). In all conversations and email communication, it was made clear this was an enrichment course and not required by the state or the City Department of Health (the family child care provider’s regulatory agency). The majority of the participants were referred by word of mouth, and have had some interaction with the student researcher in professional capacities prior to the intervention. Prior to the intervention, the student researcher had been employed by a program that provided professional learning for family child care providers, and many were familiar with the student-researchers training programs. At the time of the intervention, the student researcher was no longer employed by that organization.

An in-person information session was held for those interested, to review the project and

their commitment, and to sign consent forms within 30 days of recruitment. All 30 participants who attended, agreed to be in the study. Participants received no monetary compensation for their participation, but received a completion certificate for 18 hours that can be presented to the regulatory agency as proof of hours of professional development which can be applied to the providers' license renewal. The coaching group did not receive additional hours of training, because the state does not accept coaching hours towards license renewal.

Measures of Instrumentation

The research design was a convergent mixed-methods model, with the qualitative data collection following a quasi-experimental design with regression discontinuity (RD). Henry (2010) explains that RD is the strongest comparison group design that can estimate program impact in an unbiased way. RD allowed the student researcher to see if the professional development program, made up of professional development sessions and coaching, caused an increase in self-efficacy around social/emotional classroom practices. Each of the 30 participants were given a multiple choice pretest of basic facts about social/emotional development including the definition, the core competencies, and benefits (Appendix G).

RD eliminates selection bias (Henry, 2010). However, the biggest challenge to the research using the RD design is coming up with an appropriate cutoff of the pretest to form the groups. The plan was to use a score of 65% as the cutoff, but that score made the treatment group too large. Because of this, the cutoff needed to be adjusted based on the test results, where the 15 providers with the highest scores on the test received six professional development classes. Those with the lowest scores received six professional development classes and three in-home coaching visitations. The rationale was that the lower scoring group would need more support, and therefore would be the recipients of coaching in addition to professional development.

A limitation of RD is the generalizability of the intervention. RD estimates the effect of the intervention at the cutoff, and this estimate can be different from the treatment effect estimate in random studies. It is also possible that either group can be involved in other training or have other resources that occur around the time of group assignment (Henry, 2010).

In addition to the pretest needed for the RD, a mixed-methods approach was utilized so that qualitative data were collected to support the results of the quantitative results of the TPOT (Fox et al., 2012). Tarsilla and Hesse-Biber (2016) found infusing a mixed-methods design into a quasi-experimental design can strengthen the credibility, as well as capture unintended consequences. Utilizing a mixed-methods approach also supports triangulation and expansion of data as each dataset informs the other (Greene et al., 1989).

Teaching Pyramid Observation Tool. The TPOT was used in two ways during the intervention. First, the student researcher utilized the portion of the tool during the coaching session that coincided with the professional development session previously attended to check for implementation and to help guide the coaching session. The TPOT was also be used as an overall evaluation of the intervention, and was administered in full prior to and at the conclusion of the intervention to all participants to check for efficacy in implementing the Pyramid Model into the family child care programs.

The purpose of the TPOT is to identify the evidence-based practices that are in place to work towards preventing challenging behaviors and to observe the implementation of the Teaching Pyramid model post-professional development (Hemmeter & Fox, 2009). The TPOT contains 38 items; the first 7 items are scored as “yes” or “no,” and are based solely on observation. These items include the use of schedules, transitions, and promoting children’s engagement. The next 15 items are scored as “yes” or “no”, and are based on observation as well

as a teacher interview. These items include teaching children about emotions and supporting friendship skills.

The TPOT was tested by Snyder et al. (2013) for reliability and validity by having two trained raters conduct three observations in 50 preschool classrooms. The stability of individual differences was assessed by examining correlation coefficients for scores collected at different occasions when no professional development on social/emotional learning was provided. The data showed that teacher implementation of key practices resulted in high or low scores on the first measurement occasion also engaged in practices that resulted in similar high or low scores on the second and third measurement occasions.

Stability coefficients for occasions 1 and 2 ranged from .43 to .85, from .48 to .79 for occasions 2 and 3, and from .41 to .75 for occasions 1 and 3. Across all 14 key practices, SID stability coefficients were .91 for occasions 1 and 2, .87 for occasions 2 and 3, and .85 for occasions 1 and 3. Red flag stability was .69 for occasions 1 and 2, .80 for occasions 2 and 3, and .67 for occasions 1 and 3 (Snyder et al., 2013).

Interrater reliability was tested during a workshop where participants learned about the assessment, and then watched a video to score the entire TPOT. Participant scores were compared against a gold standard scoring and researchers found that interrater coefficients generally were good across each of three measurement occasions (range for occasion 1 = .51 to .78, range for occasion 2 = .43 to .78, and range for occasion 3 = .55 to .81) (Snyder et al., 2013).

Evaluative Feedback Forms. Evaluative feedback forms (Appendix E) were developed by the student researcher based on Guskey's Levels for Evaluating Professional Development (2005). The forms, also used in the needs assessment, ask for participant reaction to the session, including feelings about usefulness as well as instructor preparedness. There is also a section on

participant learning, acting as a quick check to see if information taught could be implemented in family child care provider homes immediately. The final section focused on the upcoming next professional development session, where providers could request a review of topics or propose something new (related to social/emotional development) to improve their practice. These forms were collected at each professional development session, and were not anonymous. The student researcher used the information on these forms to guide coaching sessions, and therefore needed to know which participants had questions or needed support.

Procedure

A significant component of the intervention was how the professional development program would be customized to participant needs, as opposed to more standard pre-programmed curricula, which was developed after reviewing the needs assessment data and learning about provider views of professional development. Data were collected before, during, and after each professional development session to guide the development of the subsequent session. The data included content of the session, content delivery method, and how participants implemented the learning into their programs. To that end, the evaluation was formative, because the student researcher used evaluations to improve how the program is delivered (Newcomer et al., 2010). The family child care providers were involved in every step of this process by being active participants in the program, and also filling out evaluative feedback forms (Appendix E). They became consultants for their learning.

The procedure for the intervention spanned 24 weeks and took place in two phases:

Phase 1:

- The registration process began by sending out emails and making phone calls directly to family child care providers, alerting them of this free professional development.

After providers were selected, home visits took place where programs were observed using the Teaching Pyramid Observation Tool (TPOT) (Fox et al., 2012).

Phase 2:

- Researcher delivered targeted professional development sessions to 30 family child care providers as described in the participant section.
 - There was a series of six different sessions, to form an overall course in social/emotional learning.
- Researcher also delivered in-home coaching to fifteen of the participating providers.
 - These providers were visited after the second, third, and fifth sessions of the course.

Content for Professional Development Sessions

The first session was an overview of teaching social/emotional learning focusing on what skills are involved in social/emotional learning (Fox and Lentini, 2006). This was done by providing explicit instruction about how to teach these skills by explaining the stages of learning (Bailey and Wolery, 1992). This addressed the variable: knowledge of social/emotional development. A complete outline of Session 1: An Overview of Teaching Social/emotional Learning can be found in Appendix F.

Session two focused on developing relationships. Specifically, how to engage in conversation with a child (Howes and Hamilton, 1992). Information was provided on how to build relationships with families and other colleagues (Fox & Lentini, 2006). This addressed the variables of provider sensitivity, program climate, and student perspectives. Session three focused on classroom practices, with the foundation that instruction is most effective when it occurs in the activities that occur throughout the child's day (Katz & McClellan, 1997).

Providers were taught how to prepare lessons and the environment to enhance social/emotional learning (Webster-Stratton et al., 2004). This addressed the variables of knowledge of social/emotional development and program climate. Modeling was also a focus of learning because prosocial behaviors do not always happen naturally (Eisenberg & Fabes, 1998), an intentional approach that involves modeling, prompting and providing feedback (Grisham-Brown et al., 2005). Teaching can be done by showing children how to express emotions, teaching self-regulation, showing children how to handle anger, etc. (Fox & Lentini, 2006). This addressed the variables: knowledge of social/emotional development, program climate, and provider sensitivity. The last session covered intensive interventions. This session content is important because approximately 5–33% of children have significantly challenging behaviors that require a more intensive approach (Qi & Kaiser, 2003). Providers learned about Positive Behavior Support by learning to identify triggers in the environment, why the behavior is occurring, and how to develop a plan to replace the behavior (U.S. Department of Education, 2001) through the use of videos and role-playing scenarios. This addressed the variables of: knowledge of social/emotional development, program climate, provider sensitivity, and student perspectives.

Coaching Model

The coaching model is based on the work of Neuman and Cunningham, (2009) who included the following elements in their early literacy coaching intervention: (1) On-site: Providers will be met in their own homes, so the coach can model and demonstrate practices within their program environment. (2) Facilitative of reflection: The coach will observe, listen, and support the provider, not simply dictate the correct answers. (3) Highly interactive: The coach will establish a rapport, build trust and formulate a mutual respect and interact extensively

to support the program. (4) Corrective feedback: Feedback will be descriptive, not judgmental, and be based on the observations conducted. (5) Prioritizing: The coach will help the provider identify the priorities and develop an action plan for implementation of social/emotional learning practices in their programs.

The coaching conversation will rely on utilizing the data collected using the TPOT (Fox et al., 2012). In addition to recording the required scores and anecdotal data on the assessment, the coach will take notes on the conversation with the provider, as well as any modeling or demonstrations performed as teaching practice. Notes were recorded during the session in a researcher's journal.

Data Collection

Data collection focused around two sets of data: the process evaluation and outcome evaluation. The process evaluation used several indicators including participant attendance, participant feedback, content generalizability, participant responsiveness, and instructor effectiveness. A matrix of indicators and the data collection process can be found in Table 7.

Table 7

Matrix of Indicators and Data Collection for Process Evaluation

Process Evaluation Indicator	Data Source	Data Collection Tool	Frequency
Participant Attendance	Course and coaching sessions	Sign-in sheets	Each session and coaching session
Participant Feedback	Participant responses to session content	Evaluative Feedback Forms	After each session (6)

		Guided discussions with coach	3x
		TPOT	
Participant Responsiveness	Participant responses to all data collection	Excel spreadsheet	After each professional development and coaching session

Participant Attendance. Participant attendance was recorded by the student researcher during each professional development and coaching session. It was expected that all providers attend all professional development sessions and selected providers participate in three coaching sessions. Participant attendance is vital not only to learning the content outlined in the intervention, but also to provide feedback on sessions to help the researcher refine content for subsequent sessions.

Participant Feedback. Feedback from participants is central to the success of the intervention. Finding out what is working and not working in regards to session structure, as well as finding out the exact needs of providers around social/emotional development as it pertains to their programs, is the basis of all session planning. Feedback was collected from providers in various ways including evaluative feedback forms (Appendix E) at the end of each session, as well as by the student researcher in a journal during coaching sessions. This feedback, as an output on the logic model (Appendix H), was analyzed through coding and used to influence outcomes of the course content.

Participant Responsiveness. A large part of the success of the intervention rested on the responsiveness of participants. Responsiveness is defined as participation in surveys and

coaching sessions. Participation in these activities influenced the effectiveness of the program related to all outcomes described in both the treatment and logic model. Survey completion was collected by the student researcher and recorded on a spreadsheet to track survey participation, as well as participation in coaching sessions.

Fidelity of Implementation: Participant Responsiveness. This intervention could not exist without the active participation of child care providers, and because the final intervention was built around participant feedback, it was imperative participants were responsive to evaluative feedback forms (Appendix E) and were open and honest in one-on-one coaching sessions. Responsiveness is gauged as the extent participants are engaged and involved in the content (Dusenbury et al., 2003). Participant responsiveness impacts the outputs of the logic model (Appendix H) as all course activities were designed around the feedback received.

Fidelity of Implementation: Quality of Program Delivery. Evaluative feedback forms (Appendix E) were utilized for more than just helping to guide session content; they were also used by the student researcher to rate program effectiveness. Dusenbury, et al. (2003) explains that quality of program delivery is defined as the “extent to which an [instructor] approaches a theoretical ideal in terms of delivering program content” (p. 244). The quality of program delivery begins with the inputs listed on the logic model (Appendix H) and follows through to the outcomes; without a quality program outputs such as increased quality and knowledge will not occur (Raikes et al., 2005).

Data Analysis: Process Evaluation

Following each session, feedback forms were collected from each participant that included open-ended questions about the content and delivery of that session’s professional development. Because the evaluative feedback questions were open-ended, qualitative data

collected were coded through the use of both a priori and emergent coding to look for trends in the data (Saldaña, 2015). A priori codes were derived from the theoretical framework, research questions and evaluative feedback forms. In addition, data were analyzed to search for emergent themes which, as described by Saldaña (2015), are created by looking for patterns within responses, as well as looking at the theoretical and conceptual frameworks to keep coding focused on the research.

In addition to the evaluative feedback forms, within coaching sessions, coaches utilized the TPOT to rate participants on their teacher sensitivity, and the overall climate of the program, outlined in the data analysis matrix (Table 8). Data collected via TPOT were analyzed by averaging domain scores across participants to produce intervention-level domain scores (U.S. Department of Health and Human Services, 2018) after each session. The use of the TPOT plus the evaluative feedback forms allowed the student researcher to see areas of need for the intervention participants to guide content planning for subsequent sessions, any area with a mean below five was retaught.

Data Analysis: Outcomes

Qualitative Data. Student researcher took anecdotal notes in the researcher's journal as recommended by the TPOT manual to support the qualitative results and see if the qualitative data unearthed any unintended consequences.

Coding Protocol. A priori codes were derived from the Pyramid Model professional development program, the indicators from the TPOT, conceptual framework and research questions. In addition, data were analyzed to search for emergent themes. Themes used for coding included; program climate, provider responsiveness, and program content.

Quantitative Data. A simple paired t-test was utilized to test data from the 32 items

scored from the pre- and post-TPOT assessment. The number of items present were recorded as the final score of each assessment. The paired t-test was used to see if there were any changes in efficacy or knowledge as the result of the intervention, both within the full intervention group and within the group receiving only professional development.

Strengths and Limitations of Design

A regression discontinuity design is the strongest of all quasi-comparison studies to produce unbiased estimated of the impact of the program (Henry, 2010). The quasi-experiment allows all participants to be aware of possible intervention methods, and in the case of providers, knowing the options. A successful intervention may lend itself to changing provider attitudes around professional development in addition to the described intended outcomes. As child care providers are also a group with a wide array of education, experiences, and perceptions, grouping them according to needs will better reflect the idea of improving quality and efficacy, as the student researcher will have some assurances that the intervention group has room for improvement. This intervention, while having short-term outcomes, is better suited for a design where analysis can dig deeper and look towards more long-term outcomes.

Participant Effect Size. Effect size is a way of quantifying the size of the difference between two groups. The effect size will be calculated using Cohen's d, where $ES = (M_1 - M_2) / SD$, and where SD standard deviation is pooled between both groups and M_1 , and M_2 is the mean of the respective groups. In previous studies, researchers have measured child care provider attitudes and perceived competence around inclusion after attending professional development sessions (Baker-Ericzén et al., 2009). Baker-Ericzén et al.,(2009) found that perceived confidence increased sequentially based on the number of professional developments attended. Providers who attended one professional development observed an increase with a large effect

size of 0.96; providers who attended two sessions increased with an effect size of 1.01; and providers who attended three sessions found an effect size of 1.03 (Baker-Ericzén et al., 2009). While these effect sizes are substantial, it is worth noting that the sample size for this work included 1,298 child care providers, which is beyond the scope of this research project due to staffing and time constraints. Using a quasi-experimental design, we will be able to see if coaching is able to have a similar impact as the full intervention. Based on the power analysis and other empirical research, the expected sample size of 30 (split into two groups) seems adequate for the intended effect size of at least 0.50.

On a smaller scale, Hemmeter et al. (2016) conducted a study with 40 teachers on the implementation of the Pyramid Model. Data were collected in a randomized controlled design with 20 teachers receiving the intervention. Utilizing the CLASS, researchers found effect sizes ranging from 0.09 at the beginning to 0.38 after intervention classes and coaching (Hemmeter et al., 2016). While this effect size is much less substantial than those reported by Baker et al. (2009), it is important to note the sample size was much smaller. The sample size of 20 is much more aligned with the work of the proposed research project and justifies the student researcher's plan of having 30 participants in an intervention study. The 0.38 effect size was reached after only one weekend of professional development sessions, followed by coaching. An a priori analysis for regression discontinuity found that the sample size should be 30 with a minimum effect size of 0.50. The effect size for this intervention study, comparing the professional development group to the group that also received coaching was 3.26, far surpassing the minimum.

Attrition. Family child care providers have several barriers to attending professional development including cost, time and distance from their home (Taylor et al., 1999). In a broad

sense, these would be the reasons a provider may leave the intervention program. This intervention cuts the cost, because it will be free; deals with the issue of time, because professional development will be on Saturday; and attempts to address distance by providing a location that will be accessible by nearly every subway line within the city.

Other possibilities for drop-out might include some of the frustrations expressed by providers during the needs assessment for this study: the professional development is boring, they are not getting anything out of it, or the content is not what they expected. The intervention has been designed to contest these issues, as content will be developed as sessions progress based on participant feedback.

Table 8

Data Analysis Matrix

Construct	Instrumentation	Timing	Analysis
Research Question 1: To what degree did the combined professional development and coaching impact provider efficacy around social/emotional program characteristics including overall knowledge, sensitivity and learning environment?			
Knowledge of Social/Emotional Development	Teaching Pyramid Observation Tool (TPOT)	Pre-Intervention and Post-Intervention	Paired t-test
Program Quality (Regard for Student Perspectives, Teacher Sensitivity, Program Climate)	Coaching Observation Field Notes	Coaching after sessions 2, 3 and 5	A priori codes developed from TPOT themes
	TPOT Field Notes	Pre-Intervention and Post-Intervention	A priori codes developed from TPOT themes
Research Question 2: To what extent did participants perceive the professional development course content and delivery met their needs?			

Knowledge of Social/Emotional Development	Evaluative Feedback Forms	After each professional development session	A priori codes developed from needs assessment themes
Program Quality (Student Perspectives, Teacher Sensitivity, Program Climate)	TPOT and TPOT Field Notes	Pre-Intervention and Post-Intervention	A priori codes developed from TPOT themes Paired t-test
Research Question 3: What were the differences in implementation practices between providers who had the coaching component and those who did not?			
Program Quality (Student Perspectives, Teacher Sensitivity, Program Climate)	TPOT	Pre-Intervention and Post-Intervention	Paired t-test
	TPOT Field Notes	Pre-Intervention and Post-Intervention	A priori codes developed from TPOT themes

Chapter 5

Findings and Discussion

Professional development helps increase program quality in early childhood settings (Votruba-Drzal et al., 2004). While the term quality can mean different things to different stakeholders (Ceglowski, 2004), the research of Votruba-Drzal, et al. (2004) explains that one aspect of program quality is children's social/emotional learning. Providing an environment that fosters social/emotional learning in an early childhood program has been identified as one of the most important abilities that support early school success (Denham et al., 2012).

As revealed through a literature review and needs assessment study, professional development for family childcare providers is often limited and focused more on health and safety, business development, and child abuse rather than child development (Mitchell & Morgan, 2002). To this end, a professional development program for family childcare providers was created that focused strictly on social/emotional development of children, in an effort to improve program quality and overall outcomes for students.

The professional learning program was developed with Guskey's Framework for Evaluating Professional Development (2002) in mind, to address the effectiveness of the teaching and learning of the participants. In addition, Knowles' Andragogy (1980) and Bloom's Learning for Mastery (1978) guided the development of the content in relation to the needs of the adult learner participants. The content focused on the Pyramid Model (Fox et al., 2003) a tiered model of social/emotional practice (Figure 7) that resembles a Response to Intervention model (Figure 8), with the bottom layer representing a solid foundational support for social/emotional learning, and the top layer focusing on targeted interventions for children who require something more intense and individualized.

The following section provides a description of the intervention and an analysis of the collected data. The purpose of the intervention was to examine the impact professional development and coaching had on family child care provider efficacy around social/emotional learning. This chapter also includes a discussion of the findings for each research question and the significance to future research in the field of professional learning for family child care providers. The following three research questions provided the framework for the design and implementation of the intervention:

1. To what extent did participants perceive the professional development course content and delivery met their needs?
2. To what degree did the combined professional development and coaching impact provider efficacy around social/emotional program characteristics, program climate, provider responsiveness and program content?
3. What were the differences in implementation practices between providers who had the coaching component and those who did not?

Process of Implementation

The professional development program was conducted for 30 family child care providers. The original plan for recruitment was to send a direct mailing to providers and reach out to child care resource and referral agencies for assistance. The intervention was delayed, and while the student researcher waited for city IRB approval, the news of the intervention plan spread amongst providers by word-of-mouth, and they continually emailed the student researcher asking about registration and possible start dates. It is worth noting that providers specifically signed up for this supplemental, non-required course knowing it was going to focus on social/emotional learning, indicating that the providers may have identified a need in their practice.

Interested providers were contacted via email and then invited to attend an information session regarding the intervention plan, that outlined what was being asked of participants in the program. They would be required to attend six professional development sessions, and half of the participants would be identified to receive one-on-one coaching. In addition, all programs would receive two visits by the student researcher to conduct pre-and post-assessments with the Teaching Pyramid Observation Tool (TPOT). During the information session, all 30 providers who signed their Informed Consent (Appendix I) were given a six-question pre-assessment on basics of social/emotional learning. The results of the pre-assessment provided data used to determine who would receive the coaching support. Using a regression discontinuity design, participants were then placed into two groups. From the results of the pre-assessment, 15 providers received four or above, and 15 providers received three or below. The top 15 scores received six professional development classes on social/emotional learning and the lowest 15 scores received the same six professional development classes, as well as three on site one-on-one coaching sessions.

Before the professional learning session began, over the course of three weeks, all 30 providers were visited by the student researcher and an observation using the TPOT was conducted to obtain baseline data on current social/emotional practices for each program. Professional learning sessions began the Saturday following the collection of the baseline data. The six sessions took place over the course of three months, with the professional development meeting every other Saturday from 9 a.m. to approximately 12:30 p.m. The day and time was chosen with the assumption there would be no hardship placed on the providers or their programs in order to attend. All 30 providers attended all six professional development sessions, and the 15 providers who received coaching attended all three of their coaching sessions.

Engagement during the sessions was not measured, however, at the conclusion of each of the six professional learning sessions, providers were asked to fill out an evaluative feedback form (Appendix E) that would provide the student researcher data on the usefulness of the content and to receive information on the delivery of the information. All participants filled out this form after each session.

The student researcher analyzed the feedback forms after each session using a priori and emergent coding to determine trends in the provider comments in order to make modifications to subsequent sessions. The intent was to provide participants with useful information but delivering it in a straight forward way for them to understand. For example: 66% of the participants commented they preferred open discussions about course topics, so sessions were modified to include more time for discussion. All providers gave positive feedback for the “center time” activities provided at the end of each session, which allowed them to both create and practice using games and materials for their programs.

Professional Development Content. The course was designed to begin at the base of the pyramid and focus on relationships and the environment, and then move into targeted emotional supports in session 4, and intensive interventions in session 5. Each professional development class began with a song or a question that participants could use in their programs, followed by a question and answer session about what the providers were able to implement into their programs from the last session. After, there was a review of previous session material focusing on items that needed review, as evidenced by comments from the evaluative feedback forms or through data from the coaching sessions. Participants were also encouraged to come to the session with questions. The body of the session content was presented through facilitated conversation, videos, and role-playing. At the end of each session, participants were given time

to participate in the aforementioned “center time,” which was a period where they rotated through four stations wherein they could create games, prepare for art projects, or other activities to use with the children in their programs that directly related to content taught in the session. On the evaluative feedback form, providers were asked to identify what activities or projects they planned to implement, so they came away with an idea they could use on Monday.

The objectives for Session 1: Overview of Teaching Social/Emotional Learning included:

1. Define social/emotional development and explain how it looks in the context of a family childcare program.
2. Define stages of social emotional development and use strategies to support the children in their programs.
3. Describe what children’s behavior can communicate to us as providers
4. Reflect on how culture influences caregiving, parenting and the ultimate development of young children.

This session started with participants getting to know one another by introducing themselves to others at their table. When participants entered the space they were assigned a table, so they would be sitting with providers they may not know in an effort to foster community-building from the start. In this session there were discussions around the importance of social/emotional learning, and the student researcher noted that during the conversation one provider expressed that social/emotional outcomes should be the responsibility of the parent. She spoke of the difficulties she experiences with behavior, and how she wished parents were more involved in discipline. This resulted in a healthy debate amongst the group, with some providers agreeing and others extolling the benefits of social/emotional learning. One participant went so

far as to say they should consider themselves extensions of their children's parents, which echoes the findings of Nelson (2010), who found that providers often see themselves as mother figures.

As the session progressed, and the stages of social/emotional development as well as reasons for children's behavior were discussed, the feeling in the room became less tense as participants realized how social/emotional skills can not only impact the children, but also their own work. One provider mentioned that learning these things will help her deal with her children better.

At the end of the session, participants participated in centers including creating a feelings memory game, learning how to play feelings I spy, and playing feelings charades with each other. The goal was for providers be able to implement one of these games in their programs the following Monday.

The objectives for Session 2: Promoting Children's Success: Building Relationships and Creating Supportive Environments included:

1. Describe the importance of building relationships with children, families and colleagues.
2. Describe the relationship between children's social emotional development and their challenging behaviors.
3. Evaluate their work with children related to building relationships and the structure and design of their environment.
4. Generate strategies for addressing social/emotional learning areas where they need to make changes or improvements.

In Session 2, the content moved more deeply into the Pyramid Model levels of fostering, nurturing, responsive relationships, and creating high-quality supportive environments. With this

topic, providers discussed their own thoughts and attitudes about children's behavior. Providers candidly (yet anonymously) spoke about children in their programs, and how certain behaviors those children have can affect the providers' mood. This led to a lesson on reframing our own thoughts from thinking a child is bad, to figuring out what the child is trying to communicate.

There was also a discussion about how provider behavior affects children's behavior. For this, the student researcher created a simulation and had the participants stand up and gave them inadequate instructions about what she wanted them to do. As this created some confusion, the student researcher raised her voice and purposely became agitated by their lack of following instructions. After the participants sat back down, we discussed and reflected on the importance of giving clear instructions to students. The fault lay with the student researcher, not the listeners, that there was confusion about what to do.

At the end of the session, participants rotated through literacy-based centers using the characters from the books featuring Pete the Cat (Dean, 2010) Elephant and Piggy (Willems, 2017), and Leonardo the Terrible Monster (Willems, 2005). They were able to create puppets for Pete the Cat read-alouds, create masks for Elephant and Piggy for students to use to role-play, as well as create a template for a Leonardo the Terrible Monster face for children to use in an activity to talk about their feelings.

The objectives for Session 3: Classroom Practices to Support Social Emotional Learning included:

1. Discuss why it is important to be more intentional about teaching social/emotional skills.
2. Identify strategies for supporting the development of children's friendship skills.
3. Define emotional literacy and identify activities that build feeling vocabularies.

4. Understand the importance of providing opportunities for children to begin to understand their own, as well as others', emotions.
5. Learn why children need to learn to control anger and handle disappointment; be able to identify strategies to teach anger management skills.
6. Understand the importance of teaching problem-solving and will be able to identify problem-solving steps.

In Session 3, providers used role-playing to see how it is possible to be intentional about teaching social/emotional skills. Providers worked on explaining behaviors and consequences, modeling appropriate play, and using encouraging language when a student makes a mistake. This activity allowed the providers to both support and critique each other's responses and reactions to the prompts. For example: one provider, responded to the prompt "Two children are playing at a table, but they're not playing together. What should you do?" Her good-natured reply was to "leave them alone if they're being quiet!" Her peers were able to help her with strategies about teaching the children to play together.

Teaching friendship skills was another large component of the third session, and video examples were used for the providers to observe and discuss what other teachers did to encourage play. Keeping with the theme of friendship-building, at the end of the session, several centers focused around different ideas for children to create friendship bracelets, creating a friendship tree in the program, and playing a game called Happy Apples that allows children to work together to draw an apple.

The objectives of Session 4: Positive Behavior Supports included:

1. Understand the difference between traditional discipline and PBS.
2. Define forms and function of communication as it relates to behavior.

3. Describe methods they can use to determine the function of various behaviors.
4. Understand how to help children control anger and disappointment, and develop problem-solving skills.

Session 4 focused on implementing positive behavior supports, and utilized a video of a case study of a child who had success with positive behavior intervention. Before the video, there was a discussion about finding functions of behavior, which several providers identified as work done in a previous professional development session. Through the video, a discussion about functions of behavior occurred, as providers provided hypotheses about why the child on-screen was having a hard time. The second part of the video showed the child now able to function appropriately due solely to a positive behavior intervention support. Several providers expressed they did not believe that the “before and after” happened just from behavior management, and thought the child was possibly on medication. The student researcher used those comments to emphasize what a powerful impact our actions, or expectations, can have children.

After the video, the class looked at four case studies created by the student researcher focused on how giving into behaviors, by giving children what they want when they are disruptive, can influence repetition. In the review and discussion of the case studies, several providers admitted they often give in to a crying child simply to make them stop. Providers were taught calming techniques, such as mindful breathing, to help a child calm down before they attend to their needs. Participants in the session also commented how these calming techniques are useful for them as a way to take a minute before they react to a child’s behavior, and remain in a positive mindset. At the end of the session, participants traveled through different centers where they created manners cards, learned how to create a craft to remind

children how to do mindful breathing, as well as created a poster on using the five senses as a calming technique they could use with children.

The objectives of Session 5: Positive Behavior Intervention Supports included:

1. Identify the steps of Positive Behavior Intervention Support.
2. Describe strategies used to prevent challenging behavior through preventative interventions.
3. Collaboratively develop a behavior support plan for a case study child.

Session 5 focused on interventions for children who may not respond to just positive supports and need a more targeted intervention plan. Behavior analysis was taught using researcher-created scenarios where providers needed to identify the behavior, the antecedent, as well as the consequence. In this session, parental involvement was also discussed. Several providers were concerned that contacting parents about a child's behavior would result in a negative relationship. Others said parents would deny there was a behavior issue. The class talked about how to approach parents, how to collect and provide evidence, and how to offer solutions. Participants were also led through other activities around parental involvement including where to find resources, how to create newsletters, and creating transactional resources like feelings charts to marry home and child care.

Together, the class practiced creating an intervention plan for Brendan, the child in the video watched in Session 4. One of the behaviors identified was refusal to enter the library, and the consequence was his mother would pick him up and physically pull him inside. He would then hit his mother, a result of the same behavior. Providers decided the child was trying to avoid the library and offered suggestions of providing a schedule so the student would know when they were going to the library, providing a signal to the child before they arrived. Another suggestion

was that the child wanted his mother's attention, and by having a tantrum, his mother engaged in the behavior by dragging him inside. They said she could wait until he calms down to speak to him.

Center activities in this session focused on using art as an outlet for expressing feelings. Centers included a coloring station, where providers chose a picture to color and were paused at different time intervals to talk about how coloring was making them feel. Providers also completed an activity using *My Many Colored Days* by Dr. Seuss (1996), wherein they drew pictures about how different colors made them feel. Providers completed the activity and then collected materials to use to create a class book with their children about feelings.

The objectives for Session 6: Putting It All Together included:

1. Develop "rules" and schedules to support positive behaviors.
2. Develop a behavior support plan for a case study child.

In the final session, providers worked in teams to create a behavior support plan for a case study child created by the student researcher. There was instruction on how to create class "rules" and appropriate consequences, as well as how to use schedules to support positive behavior.

The child in the case study would throw things all over the room after his parent dropped him off for the day. All providers were able to give thoughtful behavior plans, focusing on things like building friendship skills, using positive language with the child, and ways to foster a relationship with the child. One group mentioned involving the parent in the drop-off by prepping the child for child care on their way there. For the centers at the end of the session, providers were given time and materials to create their own daily schedule, as well as a poster board to create a "rules" chart.

Coaching. The 15 providers identified to receive coaching were visited by the student researcher after professional development sessions 2, 3, and 5. Coaching was delivered after each of those sessions in order to spread out the mentoring over the course of the entire program and give participants the chance to put the professional learning into practice prior to the visit. These coaching sessions utilized the TPOT as the tool to guide the observation and discussion around content presented in the professional development sessions. The coaching visit consisted of a 30-minute physical observation with the TPOT and a 10 to 15-minute conversation with the provider about the program and areas not explicitly observed during the visit. During the observation, the focus was on the provider and their implementation of the learning, not on the children in the program. As the observer, the student researcher focused on routines set by the provider, the physical program environment, classroom management, as well as how the provider spoke to the children and the other adults present in the program.

Coaching sessions were guided, but not heavily structured, meaning that the student researcher prepared for the visit by reviewing evaluative feedback forms from the provider, as well as reviewed the researcher's journal from previous coaching sessions. The student researcher and provider discussed the program environment, any issues they were having with program implementation, and/or questions about specific issues related to social/emotional development in their program. Some of these issues included; biting, talking to parents about behavior, and conveying information to program assistants. If needed, the student researcher prepared resources, or a demonstrations based on the provider's needs. Demonstrations included preparing materials, and creating student observation forms. During the conversation, children were tended to by a program assistant.

Within two weeks of finishing the last professional development session, approximately

three months after the initial pre-assessment, all 30 providers were visited again by the student researcher to obtain post-intervention data utilizing the full TPOT measure. Following the post-intervention observation, the qualitative and quantitative data were analyzed and combined to determine the results and answer the research questions.

Findings

Research Question 1: Evaluating Professional Development

To what extent did participants perceive the professional development course content and delivery met their needs?

Research Question 1 focuses on the provider's evaluation of the six professional development sessions. This question was important for the student research, because as evidenced by the needs assessment, providers expressed that they did not feel current professional development offerings met their needs. These needs included class length, confusion, class format, usefulness, and interest in the material. The evaluative feedback form (Appendix E) was developed using Guskey's Five Levels of Evaluating Professional Development (2002). This feedback was used not only to evaluate the session, but also to learn if the current professional development offering was meeting their needs, around the themes of confusion, class format, usefulness, and interest in the material. Based on the feedback collected from the evaluative feedback forms, the student researcher could adjust delivery, content, or information to better address the learners needs. For example: After the first professional development session, 73% providers said they enjoyed getting activities to use in their programs, and thus, that was an item that was continually utilized. Comments regarding usefulness of activities included, "This class is useful, because I can use the games we learned with my students" and "I like that the teacher gives us time to both practice and make the activities. It

helps me plan for next week.”

Evaluative feedback forms were analyzed by the student researcher after each professional development session by tallying the “yes” or “no” responses, and looking for themes in longer written responses using a priori codes as well as looking for emergent ones. Table 9 shows the number of positive responses for survey questions, as well as the themes identified in the needs assessment such as usefulness, interest in the topic, format of the course, length of session and overall confusion.

Table 9

Participant Responses from Evaluative Feedback Forms

Questions and Themes	Average Positive Responses Across 6 Sessions	Examples of Provider Comments connected to themes
Did you enjoy the session? <i>Usefulness</i> <i>Interest</i> <i>Format</i>	30	Provider 3: Session 2: I like that we get to talk to each other and learn from each other and the teacher doesn’t just talk. Provider 11: Session 5: I loved all the sessions. I have learned so much that I keep bringing to my classroom.
Was your time well spent? <i>Length</i> <i>Usefulness</i> <i>Interest</i>	28.5	Provider 4: Session 4: Today was great. I learned about my behavior. Provider 18: Session 6: Class flew by. The classes and the weeks. I am sad it is over.
Did the material make sense? <i>Confusion</i>	26.67	Provider 1: Session 3: The instructor makes sense. She answers all of the questions and

		<p>we have so many.</p> <p>Provider 17: Session 6: The first classes were confusing. But it was all about family child care. That helped it make sense.</p>
<p>Was what you learned useful?</p> <p><i>Usefulness</i></p>	26.67	<p>Provider 9: Session 2: Yes! Every day I learn something I can do. I love that we made games. I don't have to buy anything.</p> <p>Provider 21: Session 4: It is important, but I just don't know what to do with it.</p>
<p>Was the instructor knowledgeable and helpful?</p> <p><i>Confusion</i></p>	29	<p>Provider 4: Session 6: This was my favorite class; she helped me so much. I like (that) she talked about mixed age groups.</p> <p>Provider 19: Session 3: Everything we talked about was family child care. She was good, but maybe better if she was a provider too.</p>
<p>Did you learn something today you can implement in your program on Monday?</p> <p><i>Usefulness</i></p>	30	<p>Provider 30: Session 6: Every week. The games are so good.</p> <p>Provider 12: Session 5: I have a tough student. I want to use the behavior things to see if I can find out why he acts out.</p>

Overall, the providers expressed positive reactions to the professional development sessions. Provider 17 wrote, “This session really helped me understand how to be positive with

my children.” Provider 17 also wrote, “The instructor keeps it real. She understands kids and my program. I am excited that we are learning things for the kids’ ages that I teach.” Provider 5 wrote, “Center activities are #1! I will try these on Monday.” The sentiments of Provider 5 were confirmed in the feedback survey with 30 providers stating there was something they could try on Monday after each session. Provider 5 and Provider 29 both commented on their students behavior, with Provider 5 writing, “I understand behavior now. I know why they do what they do.” And Provider 29 stating, “Kids [sic] behave for a lot of different reasons I did not know. I learned a lot today.”

Similar to the needs assessment, some providers expressed concern over the usefulness of the material. After Session 5, Provider 14 wrote that she enjoyed the class, but she was unsure how to use what she was learning and liked talking to the other providers about challenges. She did not like role-playing or watching videos. After Session 4, Provider 7 wrote that the material was useful and she was getting good ideas, but she did not know when she would be able to try them because her students were too young. Many of the providers also felt the student researcher was helpful and knowledgeable, with an average score of 29, although the common theme in the comments was that she had no experience as a provider. Provider 24 wrote that the instructor was relatable, but she would have liked it more if the instructor had been a provider.

It should also be noted that the evaluative feedback forms were not anonymous. This was done purposely so the data could be reviewed, and any concerns could be addressed either on a coaching visit or during the next session. Data from the evaluative feedback forms were analyzed before coaching, so as the researcher entered the observation, conversation started by addressing the concerns. Then the student researcher would either offer a more in-depth explanation, provide additional resources, or offer to a model, as necessary. One example of this was with

Provider 9, who commented that she did not find the content of Session 3 useful because all of the children in her program were “good” and did not need support on social/emotional learning. In the coaching session following the third professional development, the student researcher worked with the provider to understand how all children can benefit from a supportive learning environment and a good relationship with their caregiver. The student researcher reviewed the content of Session 3 and spoke with the provider about why she felt it wasn’t useful. The importance of social/emotional learning for all children was discussed, with the provider saying when she thought about behavior management and social/emotional learning, she mentally pictured children who did not listen. The student researcher asked the provider to give holistic anecdotes about her children, and together they identified some patterns of behavior. One pattern was children often stopping in the middle of what they are doing to ask what comes next, or complaining they are hungry right before lunch, or not cleaning up during transitions. The provider said this was not bad behavior, that it was an example of kids being kids, but she said it is something that is difficult for her as she has to repeat herself multiple times. The student researcher suggested creating a schedule, to see if that changed the atmosphere of the program. Together, the provider and student researcher created a schedule for the program, to let students know what is coming next. This would give them a concrete touchstone for their day, help them find structure, and make it so that they do not need to continually ask the provider what is next. The student researcher explained how to implement the schedule and refer to it throughout the day. On the last coaching visit, the provider had implemented the schedule as well as used it to aid in transitions. She said, “Overall it has helped. My kids were always good, but this helps them know what comes next and it helps them and me prepare.”

In addition to the evaluative feedback forms, all participants were observed using the

TPOT before the professional development session began, and again once the professional development sessions were completed. Combining both groups of providers, those who received coaching and those who did not, a paired t-test showed pre-observation scores ($M=50$, $SD=36.9$) and post-observation scores ($M=190.14$, $SD=37.20$). The t-test found that $t(29) = 14.8$ with $P<.001$. The t value of 14.8 shows a significant positive difference between the pre-observation TPOT scores and the post-observation scores, indicating that the professional development sessions had an effect on the providers behavior and program.

Because the feedback was generally positive, and the 14.8 value of t, with $P<.001$, was significant, the data points to an intervention model that showed increased positive outcomes, and met the needs of the learners in the professional development sessions. The fact that providers took this non-required course on social/emotional learning indicates the providers may have identified a need in their practice. Further research would be needed to explore whether a social/emotional component added to a required professional development series would have had the same positive reactions from the early childcare participants.

Research Question 2: Provider Efficacy

To what degree did the combined professional development and coaching impact provider efficacy around social/emotional program characteristics; including program climate, provider responsiveness and program content?

The focus of the second research question was to discover if there were any changes in provider efficacy in social/emotional program characteristics, including overall knowledge, sensitivity, and learning environment for the group who received coaching. To find out how professional development and coaching impacted efficacy, the TPOT (Fox et al., 2012) was used as a pre-test before any professional development was given, and a post-test was administered

approximately three months later after all six professional development sessions and three coaching visits were complete. The TPOT contains 15 indicator items with varying sub-indicators. All sub-indicators are scored with either a “yes” or “no” based on the student researcher’s observation. For these indicators, a “yes” is a positive, meaning the indicator was observed. Overall scores were calculated by the number of positive indicators observed. All 15 providers that were part of the coaching group were counted together for an overall score for each indicator to perform a paired t-test. This process was used based on a similar analysis conducted by Hemmeter et al. (2016).

A paired t-test compared the number of “yes” items in the coaching group during the pre-observation and during the post-observation for all 15 (n) indicators. There was a statistically significant difference in the pre-observation scores ($M=18.5$, $SD=15.69$) and the post-observation scores ($M=97.14$, $SD=18.72$); with $t(14) = 15.4$ with $P<.001$. These results suggest the professional development program, combined with the coaching component, had a positive impact on provider efficacy related to the 15 indicators of the TPOT that encompass social/emotional development knowledge, sensitivity, and learning environment.

The statistical analysis is supported by the qualitative data collected via the TPOT pre-test and post-test observations. Within the 15 indicators, the student researcher took field notes; several themes surfaced from TPOT content including program climate, provider responsiveness, and program content. Within these themes, the TPOT data provided additional categories that were coded as outlined in Table 10.

Table 10

Codes Grouped by Theme and Category from TPOT Pre and Post Observations

Themes from TPOT	Content within Theme
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Program Climate	Scheduling Transitions Engagement Behavior Expectations Giving Directions
Provider Responsiveness	Conversations with students Responding to Challenging Behavior
Program Content	Teaching Children to Express Emotions Facilitating Friendships

Program Climate. During the pre-treatment observations of the coaching group, Provider 8 had no posted schedule and would move from activity to activity without a clear direction. She was observed twice asking children to clean up, and while they were cleaning it was evident from the researcher's field notes that the provider was trying to figure out what activity to do next. This led to frustration for her and the children. She would tell them to sit on the carpet and then change her mind. The children appeared to not know where to go. In another case, Provider 11 kept children in an activity when they appeared to be no longer engaged. For example: She was observed reading a book to the children that took approximately 15 minutes. The read-aloud was initially engaging as she was acting out the voices of the characters and attempting to keep the children interested. However, after about seven minutes, the children were no longer attentive; some were playing with toys on the shelves around the carpet and others laying down on the floor. More evidence was observed with Provider 3. She did not give students clear instructions during transitions. She told the children what was coming next, but did not provide the needed incremental steps. For example: When she said, "Clean up! We are going to go outside now," some of the children left the toys on the floor, two children ran to get their jackets, and there was some pushing and even yelling at the others to go clean up their toys.

During post-treatment observations of the coaching group three months later, Provider 8 had a schedule posted with pictures for each activity. It was apparent that the schedule helped with her planning and allowed her to give clearer instructions to the children. During this observation, the children moved seamlessly to the activities and the provider had materials ready. Provider 11 improved her schedule by being conscious of the amount of time for activities and keeping children in them no longer than 20 minutes. She said, “I am more flexible. It is OK if I don’t finish a book, I can read it tomorrow.”

Provider 3 was using songs, a timer, and a dance to facilitate easier transitions. She used signals when it was time to clean up with a song, and gave children five minutes to put their toys away. As they finished, she had the children meet her on the carpet where they sang or danced while they waited for the other children. Then she moved on to the next activity. Provider 3 also had “class rules” posted and reviewed them at the beginning of circle time. In these examples and others, qualitative data showed there was evidence of change in the program climate after providers received coaching and professional development.

Provider Responsiveness. In the pre-treatment observational notes for the coaching group for Provider 13 it stated, “provider deals with challenging behavior by counting down from five. When she gets to five she tells the child to stop again. Child does not stop the behavior, and provider appears to ignore the child.” Provider 9 dealt with challenging behavior by using a time-out. The time-out was conducted on a bean bag chair, where the student researcher noted that the child in time-out was laying the bean bag and rolling around. The child was also picking up toys on the floor around the chair; the researcher noted the provider did not appear to notice. The child got up after approximately five minutes and asked if they could play again, and the provider permitted the child to do so.

Another example was from Provider 5, who was observed sitting in a chair while the children were playing. She appeared to be filling out paperwork, but was not visibly engaged with the children unless they asked a question.

After the professional development and coaching sessions the following observations were made, in the program of Provider 13, a child threw a toy at another child. Immediately the provider took both children and discussed feelings and safety. She provided a warning that if the child could not use the toys as intended, they would have to move to the table for a different activity.

Provider 9 reminded a child who was running around the room that they are expected to walk. She explained that it is unsafe to run in a small area and asked if he can show her how he can walk.

Provider 5 sat on the floor during free play time, actively playing with the students and talking about their play. She now keeps stickers in her apron. She frequently, and randomly, gives stickers to the students for things like being a good friend, sharing, and following the rules.

Program Content. Utilizing data from the TPOT, specifically the questions around program content, it was found that at the time of the initial observation, there was limited evidence of program content as it related to social/emotional learning. In pre-observations, there was a component of the TPOT related to interacting with children through play; however, this was not always evident at the time of the observation for any program. One exception was from Provider 7 who simply told the children to go play. With most programs, children were not discouraged from expressing emotions, but there were exceptions with three providers. During the preintervention observation, Providers 2, 8, and 11 told children to “stop crying” with no evidence of them conversing with any of the children as to why he/she was upset.

After the professional development and coaching, there was increased evidence of teaching and modeling the social/emotional competencies that were presented in the professional development. Social emotional competencies are outlined in Part 7 of the TPOT and align with those described by CASEL (2017). These competencies include friendship skills, problem-solving, and social awareness. Provider 8 was observed post-professional development using puppets during circle time to act out problem solving for a sharing issue that had happened the day before. Provider 2 adapted a game that was taught in professional development and hung photos of the children making various emotion faces labeled with the corresponding emotion. Providers 2, 4, 7, 11, and 14 were also observed meeting the indicator TPOT of the teacher individualizes instruction of social skills based on the children's needs by playing with the children in their program, inviting others to join in the play and staying to see that the children were playing together before moving to another area.

Provider 7 said her children play well and never considered that she needed to facilitate play. After participating in the professional development, she noticed some of her children were not playing with each other, and instead played alone or just sat at the table with other students. She said she now makes a greater effort to encourage collaborative play. Provider 14 said that she did not play with the children before, that she would actively watch to make sure the children were not going to get hurt, but she didn't see her role as one to play. "I thought I just needed to watch and keep them safe. I didn't see the importance of anything else."

Looking specifically at the three TPOT questions on friendship skills, teaching children to express emotions, and problem-solving, there was a 650% increase in the scores from pre- to post-observation and the observations of both groups of providers combined. The qualitative data supported the quantitative data for the coaching group, with evidence that there were increased

positive outcomes to all 15 program sites around implementing social/emotional competencies.

Research Question 3: Implementation: Coaching versus Only Professional Development

What were the differences in implementation practices between providers who had the coaching component and those who did not?

This intervention involved two groups, the group that only received the six professional development sessions and the group that received the professional development and three one-on-one coaching sessions. It should also be noted that the coaching group were identified based on a lower score on the six-question pre-assessment on the basics of social/emotional learning given prior to the professional development.

Research Question 3 focuses on the differences, if any, between the overall outcomes between the groups after the professional development course utilizing the TPOT. At its core, this question asks, “Did coaching in addition to the professional development make a difference?” To find out the difference between the groups’ data, the pre- and post-observation data using the TPOT were analyzed through a paired t-test where the number of “yes” items for all 15 (n) indicators from the post-observation were compared to the same indicators from the pre-observation.

The coaching group, had a statistically significant difference in the pre-observation scores ($M=18.5$, $SD=15.69$) and the post-observation scores ($M=97.14$, $SD=18.72$) on the TPOT; with $t(14) = 15.4$ with $P<.001$. The group that only received professional development had pre-observation scores ($M=31.5$, $SD=21.53$) and post-observation scores ($M=93$, $SD=20.46$) on the TPOT, with the $t(14) = 13.4$ with $P<.001$. These results show both groups in the intervention scores increased, which is evidence that the professional development was effective in influencing how the participants scored in the TPOT post-observation. However, score of the PD

and coaching group was higher than the group that had only PD. More analysis of a larger sample would be required to determine if this difference was the result of the PD and or coaching.

Examining the researcher field notes taken from the pre- and post-observation also provides evidence of a change in the program's actions related to social/emotional learning. Within the 15 indicators, the student researcher took notes on several TPOT-identified themes, including program climate, provider responsiveness, and program content. Shown below in Table 11 is a sample of the anecdotal notes divided into which intervention group participants were in.

Table 11

Anecdotal Notes based on TPOT Themes

Themes from TPOT	Coaching Group: Pre- and Post-	Professional Development Group: Pre- and Post-
Program Climate <i>Scheduling</i> <i>Transitions</i> <i>Engagement</i> <i>Behavior Expectations</i> <i>Giving Directions</i>	Provider 2: Pre: Provider has no schedule posted. Children move from activity to activity based on her vocal commands. She often appears to not be ready, and children are left waiting to know what to do. Post: Provider has a schedule written on large chart paper hanging on the wall, she references it when she cues children to clean up or move to a new activity.	Provider 22: Pre: Provider has a fully packed schedule with a lot of activities. During morning circle, as she was reading a book the children were laying down, playing with their shoes, and talking. She frequently stopped reading to tell them to "pay attention" until she was finished with the book. Post: The schedule has been updated to include fewer

		activities. Provider moves more fluidly through activities and allows children to help dictate the flow of the day. During an art activity, children were getting restless and she got them up for a dance break and left the art on the table to be completed later.
Provider Responsiveness <i>Conversations with Students</i> <i>Responding to Challenging Behavior</i>	Provider 5: Pre: During lunch, the provider stands over the children, opening fruit cups, pouring water, etc. She also moves back and forth from the kitchen, getting more food. She frequently redirects them to eat, “Less talking, more eating.” Post: During lunch, provider sits with the students, she serves the students and herself. She keeps the extra food on the table family style. She encourages conversations between the students and uses conversation prompts to engage the students.	Provider 18: Pre: Provider has a time-out bean bag chair. Within a 60-minute observation, four different children were placed on the bean bag for various infractions including yelling, knocking over a block tower, and hitting. Provider sets a timer for five minutes and then children can get up. There is no discussion about proper behavior. Post: In the post observation, the bean bag was moved into the library for a reading corner. There was only one instance of challenging behavior during the observation, but the provider called the child over and

		spoke to them about taking toys from friends. Child was able to instantly rejoin the group.
Program Content <i>Teaching Children to Express Emotions</i> <i>Facilitating Friendships</i>	Provider 11: Pre: During the interview portion of the TPOT, the provider expressed she does not teach the children about feelings beyond “If You’re Happy and You Know It.” Post: There were new posters in the room with emoji faces labeled with feelings. Provider said she utilized the feelings bingo game taught during professional development, and during the day she uses the posters to check in with the children on how they are doing.	Provider 29: Pre: During the interview portion of the TPOT, the provider said, “Children do not need to be taught to be friends. We are all friends. It is part of being in the classroom.” Post: Provider was observed encouraging the children to play together by pairing them together for an art activity. Provider also said that she is more intentional in observing children who are often alone and helping them join in an activity with their peers.

The qualitative data supports the quantitative data that there was evidence in all 30 program sites around increased positive outcomes around the implementation of social/emotional competencies. Overall, providers who received coaching had scores that increased, which indicates that professional development combined with coaching was successful in influencing how the participants responded in post observation with positive outcomes. The evidence from this intervention supports the importance that professional development along with coaching may lead to more positive outcomes, versus solely providing professional development.

Conclusion

This research study examined the outcomes and experiences of 30 family child care providers who participated in a professional development program that focused on social/emotional learning teaching practices. The professional development sessions were created specifically for family child care providers by using the Pyramid Model that has been proven effective in both professional development and delivery (Demchak & Kontos, 1992). Like the research of Hemmeter et al. (2015), this study showed that using coaching through the Pyramid Model, in addition to classroom-based professional development, can be beneficial and aid in teachers implementing their new learning. Grounding these professional learning sessions in the research of Bloom (1978) and Knowles (1984) encouraged mastery learning. The student researcher utilized the feedback of the providers from their evaluative feedback forms based on the Guskey (2002) framework and within the coaching sessions. These data provided the opportunity for the student researcher to make alterations to subsequent sessions based on the providers' needs around both content and delivery.

Within the program, participants were placed in a professional development group, or a group where they received professional development and one-on-one coaching. Overall, both groups showed evidence of change after the professional development session, with the coaching group showing a larger range of change than the professional development group across all 15 indicators on the TPOT.

Discussion

The evidence that the group that only recieved professional development showed improvement answers the research question about whether a professional development program designed specifically for family child care providers can have a positive impact on program

quality. The results confirm that with targeted professional development, family child care providers can improve program quality as it relates to social/emotional development (Votruba-Drzal et al., 2004). All participants demonstrated increased positive outcomes as evidenced by the pre and post intervention TPOT scores and the qualitative data. This confirms that the Pyramid Model was an effective professional development content model (Demchak & Kontos, 1992), as well as the findings of Hemmeter et al. (2015), who found the Pyramid Model is also successful when paired with a coaching component. The addition of the coaching model allowed the group of providers who scored lower on the pre-assessment to achieve higher scores than the professional development group in the post-assessment. In the evaluative feedback form from Session 6, Provider 10 said, “I liked having you come and show me what to do. If I just took the class, it would have been OK. But [coaching] made it better.”

Evaluative feedback forms were reviewed after each session to see the components for which participants felt needed more clarification. In addition to the session feedback, the student researcher looked holistically for trends for what needed additional practice during the coaching sessions. One was the idea of implementing class rules from professional development Session 2. On the feedback form, four providers said they needed more practice with the concept, and in coaching visits, the student researcher observed nine of the 15 participants not implementing rules using positive language in the way that had been discussed. Based on the feedback and observations, instruction for professional development Session 3 began with a review of the concept that included a sample of a rules chart and a brief scenario activity to reinforce the concept of positive rule-setting. The purpose of positive rule setting supports a PBIS framework by teaching the behaviors and expectations they want to see, rather than establishing specifically what not to do. Doing this helps create a positive climate within the program (PBIS.org, 2019).

The structure of the professional learning utilized both Knowles' (1980) work on andragogy and Bloom's (1976) learning for mastery. The combination of these provided a method wherein participants were able to master their learning by working through a cyclical system that reviewed concepts not fully grasped before moving on to something new in an environment that catered to the needs of the adult learner. These needs included giving task-centered instruction, as well as opportunities for self-directed learning (Knowles, 1980). The informal learning demonstrated by the Pyramid Model professional development, through the use of role-playing and group discussions (Hemmeter et al., 2015) aligns with the research conducted on non-traditional adult learners (Crossan et al., 2003; Fuligni et al., 2009). None of the professional development programs studied in the literature review (Conners-Burrow et al., 2016, Demchak et al., 1992; Rosenthal & Gatt, 2010) used a mastery learning system (Bloom, 1978), and instead relied solely on coaching (Fox, et al., 2003; Hemmeter et al., 2015) to support participants. This intervention program employed both methods of learning.

The professional development sessions were designed specifically for providers and had a positive impact on participants, as indicated by the positive responses from the evaluative feedback forms. The providers' responses confirmed the content was presented in a way that was clear and engaging. The sessions included multiple opportunities for the providers to share ideas and bring their own experiences into the conversation. All information was presented through the lens for multiple age groups, with the main focus being on two-year-olds. The discussion centered around how the activities could be scaled up to use with three- and four-year-olds, as well as for elementary school-aged children who may attend family child care programs after school. This practice reflects the belief of Crossan et al. (2003) from their ethnographic study showing programs should discover ways to understand the participants as they progress

implementing a program.

The responses to the evaluative feedback forms show providers thought the professional development was useful, their time was well spent; the data from the TPOT showed positive increased outcomes, leading to the conclusion that professional development sessions were successful and met the needs of the participants. This supports the research of Taylor et al. (1999), who found that family child care providers want professional development that demonstrates respect for their profession, understands the meaning of quality care, and meets their needs and interests. To ensure the needs of providers were met, the professional development sessions were designed with data from the needs assessment in mind. The research review informed the needs assessment and the results showed that family child care providers did not like lectures like the Falasca study in 2011. For the intervention, sessions were developed to be interactive with room for discussion, role-play, and hands-on activities.

The planning for the intervention also took into consideration the barriers to training that family child care providers experience, including time, cost, and distance (DeBord, 1993; Gable & Halliburton, 2004). In response the intervention free professional development was held on Saturdays, at a central location that was easily accessible by mass transit. In addition, Boyd (2013) found that providers often felt the need to purchase new supplies after attending a professional development session. That sentiment was echoed in the needs assessment for this study, so for all of the activities used and discussed in professional development time was allotted to show providers how to create activities with supplies they would already have, or the items were included as part of the professional development session.

Utilizing what was referred to as “center time” in professional development, providers had the opportunity to create activities, including games, puppets, and art activities, that they

could use immediately in their programs. This part of the professional development allowed providers to return to work on Monday with something in-hand they could put into practice right away. The use of these activities were apparent in all programs during post observations. Participants also stated that they liked having the opportunity to create during the professional development sessions, because it saved them time and also it prevented them from having to buy additional materials or toys for their programs.

The providers who registered for this course were not required to do so, and the topic of social/emotional learning is not a mandated topic. Research has shown providers also want to attend professional development out of a love of learning and motivation to grow as a professional (Taylor et al., 1999).

While this research was being conducted, the state in which this intervention took place adopted the Pyramid Model as a state-wide training option for early childhood instructors, including Head Start and family child care. The student researcher intends to share these results with the state regulatory agency to show how family child care providers need access to professional development that is aligned to their specific needs as caregivers and learners. As providers mentioned in their feedback surveys, they would have preferred if the professional development instructor had experience as a child care provider; it would be useful to set up a career pathway or learning trajectory that could train providers to deliver professional development courses to their fellow caregivers. This would provide a more natural connection between instructor and participant that may be missing from future professional development offerings.

Limitations and Future Research

The main limitation of this study was the group size. Utilizing *Cohen's d*, the population

size of 30 led to an effect size of 3.26, between the professional development and the group that also received professional development and coaching. The study's population size consisted of 30 family child care providers who work within a large Northeastern city. While the decision to use a convenience sample of this size was based on the student researcher's ability to conduct one-on-one coaching and pre- and post-assessments, it is likely that a larger sample size is needed for generalizability. A larger sample of family child care providers from other cities or other areas of the country could reveal more information about the usefulness of the professional development sessions and the coaching component. Further research would be needed to discover if a social/emotional component was added to a required professional development series if participants would have had the same positive reactions. It would also be useful to look holistically at the professional development content, and the results of the TPOT assessment to see if there were any strategies that worked more or less than others.

Since the professional development sessions included activities for providers to create items for use in their programs, there is a slight cost per person to replicate this work. Materials for these activities averaged about \$10 per person for the entire professional development course. In this study, that cost was covered by the student researcher.

Another limitation is that post-observations were scheduled and planned, so it is possible providers planned their day to reflect suggestions learned in professional development in coaching. It would be interesting to see if the same progress would have been apparent in an unplanned visit, as providers would not have the opportunity to plan activities or create a physical classroom environment that was supported by the professional development sessions.

The study was conducted over a three-month period, and it is also a limitation that the longitude of the impact of the professional development was not studied. While all providers

showed improvements to the quality of their programs around social/emotional concepts, it cannot be certain that these changes will remain after this study has concluded. Future research can and should include follow-up observations one year after the intervention concludes. There should also be ongoing professional development, and/or ongoing coaching to reinforce and extend learning around social/emotional learning. Both a limitation and area for future research is the age grouping of children, family child care providers across America care for children from 6 weeks to school age, however, in the city utilized for this study family child care focus on children from 6 weeks to two years. This program should be adapted to impact a wider range of age groups.

Another limitation of the study was that the impact of the intervention on the children in the programs was not studied. The research of Votruba-Drzal et al. (2004) found that professional learning impacts student outcomes, particularly around student social/emotional learning, and it would be useful to see how a successful professional learning program impacts student outcomes.

Future research around the impact on children's social/emotional skills and readiness for Kindergarten is needed to further strengthen the argument for the usefulness and success of the intervention. Because the state is adopting the Pyramid Model within the early childhood education system, there is an opportunity to use the findings of this study as the basis for future research as it relates to family child care providers and the children in their programs. In addition to professional development, there is an opportunity to further research the impact of coaching in a family child care environment, including the use of modeling as an instructional tool for providers. There is also an additional opportunity to utilize the findings from this research to create a training program for parents on basics of social/emotional learning, as well as how to

deal with challenging behaviors to utilize within their homes. This can provide an opportunity for parents to impact the relationships they have with their children on a daily basis, as well as through homeschooling in a COVID environment.

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Appendix A

Professional Development Survey

Age: _____

Ethnicity: _____

How long have you worked in child care? _____

What type of child care license do you hold? *

- ☐ Group (Licensed)
- ☐ Family (Registered)
- ☐ Legally Exempt (Informal)
- ☐ Head Start Staff
- ☐ Other: _____

Have you taken any professional development in the last 12 months? Yes No

If yes, what types of professional development have you completed?

- ☐ Regulatory (30-hour professional development)
- ☐ Medication Administration Professional development
- ☐ Health and Safety
- ☐ Literacy Development
- ☐ Business Management
- ☐ CDA (Child Development Associate Credential)
- ☐ NAFCC Accreditation
- ☐ Other:

Have you received any college credit for the professional development?

- ☐ Yes
- ☐ No
- ☐ I don't know

***What is the most difficult part of attending professional development?
(Please check all that apply)***

- ☐ Lack of time, due to work
- ☐ Lack of time, due to family
- ☐ Lack of time, due to other
- ☐ Courses are too expensive

- ☐ I don't know classes are being offered
- ☐ Classes are too far from my home
- ☐ I am not sure what classes I need
- ☐ I do not know what classes would be useful
- ☐ I am nervous because I do not speak English well
- ☐ I have difficulties with reading and writing
- ☐ Other

***Why do you attend professional development?
(Please check all that apply)***

- ☐ It is required.
- ☐ I am interested in learning more about children and my program.
- ☐ To network with other providers/teachers.
- ☐ To obtain a certification or degree.
- ☐ Other:

Reactions to the Session

1. Did you enjoy the session? Yes No
Why?
2. Do you think your time today was well spent? Yes No
Why?
3. Did the material make sense? Yes No
Why?
4. Do you think what you learned today will be useful? Yes No
If yes, what will you use? If no, why wasn't it useful?
5. Did you find the instructor to be knowledgeable and helpful? Yes No
6. What do you think (s)he could have done better?
7. How could we have made the session more comfortable?

Thoughts on Professional Development

When you have attended a professional development sessions in the past, are you often able to use what you have learned? Yes No
Why?

Social/emotional Development

What is your personal definition of Social/emotional Development?

Appendix B

Focus Group Questions

Background Questions:

- How many children are in your program/classroom?
- What is your license maximum?

The focus group questions for the first meeting are as follows:

1. What does it mean to develop children's social and emotional development?
2. How do you think you foster or support social/emotional development in your program/classroom? Can you give an example?
3. Do you consider yourself to be more like a teacher or more like a "mother figure" to the children in your care? Why?
4. Do you often attend professional development? Why or why not?

The focus group questions for the second meeting are as follows:

1. What stands out to you about the last professional development session you attended?
2. From that session, were you able to put anything new into practice? What did you try?
3. Are you often able to utilize the things you learn in professional development classes?
What did you try?
4. What makes your program different from others in your area? Why should a parent select your program?
5. In a few sentences, what do you think is the most important way you influence or help the children in your care?

Appendix C

Arnett Scale of Caregiver Interaction

/98/ _____ /C/ _____
 sample county setting center

Caregiver Interaction Scale (Arnett, 1989)

Center name _____ Date of observation _____

Teacher name _____ Data collector initials _____

	not at all true	somewhat true	quite a bit true	very much true
1. Speaks warmly to the children	1	2	3	4
2. Seems critical of the children	1	2	3	4
3. Listens attentively when children speak to her	1	2	3	4
4. Places high value on obedience	1	2	3	4
5. Seems distant or detached from the children	1	2	3	4
6. Seems to enjoy the children	1	2	3	4
7. When the children misbehave, explains the reason for the rule they are breaking	1	2	3	4
8. Encourages the children to try new experiences	1	2	3	4
9. Doesn't try to exercise much control over the children	1	2	3	4
10. Speaks with irritation or hostility to the children	1	2	3	4
11. Seems enthusiastic about the children's activities and efforts	1	2	3	4
12. Threatens children in trying to control them	1	2	3	4
13. Spends considerable time in activity not involving interaction with the children	1	2	3	4
14. Pays positive attention to the children as individuals	1	2	3	4
15. Doesn't reprimand children when they misbehave	1	2	3	4
16. Talks to children on a level they can understand	1	2	3	4
17. Punishes the children without explanation	1	2	3	4
18. Exercises firmness when necessary	1	2	3	4
19. Encourages children to exhibit prosocial behavior, e.g. sharing, helping	1	2	3	4
20. Finds fault easily with children	1	2	3	4
21. Doesn't seem interested in the children's activities	1	2	3	4
22. Seems to prohibit many of the things that children want to do	1	2	3	4
23. Doesn't supervise the children very closely	1	2	3	4
24. Expects the children to exercise self control; e.g., to be undistruptive for group, provider-led activities, to be able to stand in line calmly	1	2	3	4
25. When talking to children, kneels, bends, or sits at their level to establish better eye contact	1	2	3	4
26. Seems unnecessarily harsh when scolding or prohibiting children	1	2	3	4

Smart Start CC Study 2/5/99

Appendix D

Letter of Consent for Needs Assessment Survey

Johns Hopkins University Homewood Institutional Review Board (HIRB)

Informed Consent Form – Survey

Title: Social/Emotional Readiness of Children from Family Child Care

Principal Investigator: Dr. Elizabeth T. Brown, JHU SOE, Visiting Assistant Professor

Date: March 2017

PURPOSE OF RESEARCH STUDY:

The purpose of this study is to find out directly from child care workers what their thoughts are regarding professional development. We want to know what type of professional development works best, how child care workers learn best, what some prospective barriers to workshop attendance are and how they implement their learning into their programs.

We anticipate that approximately 100–300 providers will participate in this survey.

PROCEDURES:

- Survey participants are asked to complete either a google form survey or a printed survey dispersed in a professional development session.
- Surveys should be completed no later than _____.

RISKS/DISCOMFORTS:

- There are no anticipated risks involving this survey.

BENEFITS:

- This survey will help professional development providers better formulate their sessions to meet the needs of child care workers and the children in their programs.

VOLUNTARY PARTICIPATION AND RIGHT TO WITHDRAW:

Your participation in this study is entirely voluntary: You choose whether to participate. If you decide not to participate, there are no penalties, and you will not lose any benefits to which you would otherwise be entitled.

ALTERNATIVES TO PARTICIPATION: If you would prefer to answer the survey questions via a phone call, or receive information in another language, please contact Tamara Cella at tcella1@jhu.edu or (917) 692-7397 so arrangements can be made.

CONFIDENTIALITY:

The survey is to be completed anonymously. However, if there is any identifying information shared it will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Johns Hopkins University Homewood Institutional Review Board and officials from government agencies such as the National Institutes of Health and the Office for Human Research Protections. (All of these people are required to keep your identity confidential.) Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

All measures will be examined by the principal investigator and research affiliates only (including those entities described above). No identifiable information will be included in any reports of the research published.

All research data will be kept on a password-protected computer and password-protected Google drive file. Any electronic files will be erased and paper documents shredded, five years after collection.

COSTS/COMPENSATION:

There are neither costs nor compensation given for participation in this study.

IF YOU HAVE QUESTIONS OR CONCERNS:

You can ask questions about this research study now or at any time during the study, by talking to the researcher(s) working with you or by emailing or calling Tamara Cella at tcella1@jhu.edu or (917) 692-7397.

If you have questions about your rights as a research participant or feel that you have not been treated fairly, please call the Homewood Institutional Review Board at Johns Hopkins University at (410) 516-6580.

IF YOU ARE HARMED BY PARTICIPATING IN THE STUDY:

This study does not have any program for compensating or treating you for harm you may suffer as a result of your participation.

SIGNATURES

WHAT YOUR SIGNATURE MEANS:

Your signature below means that you understand the information in this consent form. Your signature also means that you agree to participate in the study.

By signing this consent form, you have not waived any legal rights you otherwise would have as a participant in a research study.

Participant's Signature

Date

Signature of Person Obtaining Consent

(Investigator or HIRB Approved Designee)

Date

Appendix E
Evaluative Feedback Form

Name:

Reactions to the Session

Did you enjoy the session? Yes No
Why?

Do you think your time today was well spent? Yes No
Why?

Did the material make sense? Yes No
Why?

Do you think what you learned today will be useful? Yes No
If yes, what will you use?
If no, why wasn't it useful?

Did you find the instructor to be knowledgeable and helpful? Yes No

What do you think (s)he could have done better?

How could we have made the session more comfortable?

Participant Learning

Did you learn something today you can try to implement in your program on Monday? Yes No

If yes, what are you going to try?

If not, why?

Next Session

Is there anything you'd like us to review next session?

Is there any topic (related to social/emotional development) you'd like us to cover in this course?

Appendix F

Professional Development Sample Plan

Professional Development Session 1: Overview of Teaching Social/Emotional Learning

Learner Objectives:

Participants will be able to...

- Define social and emotional development and explain how it looks in the context of a family childcare program.
- Define stages of social emotional development and use strategies to support the children in their programs.
- Describe what children's behavior can communicate to us as providers
- Reflect on how culture influences caregiving, parenting and the ultimate development of young children.

Agenda:

Introduction

20 minutes

- Warm-Up: Getting to Know Each Other
- Objectives
- Agenda
- Our Learning Environment (Rules for the day)
- What is the Pyramid Model?

Understanding Social/Emotional Development

40 minutes

- Why is social/emotional development important?
- What is social/emotional development? (mini lecture)
- What types of social/emotional skills do children need for school?
 - Full class – charting
- What do we need to do to help them get there?
 - Role playing – participants will partner up and analyze different scenarios with children.

Stages of Social/Emotional Development

25 minutes

- Milestones
 - Overarching milestones – Erikson (mini-lecture)
 - Concrete milestones – What does this look like for children?
 - Look at list of milestones, choose two children in their programs and mark their milestones. Share with a partner.

Understanding Behavior**25 minutes**

- What is the link between these milestones and children's behavior?
- What does children's behavior communicate to us? (i.e. crying, biting, etc.)
 - Videos of different behaviors – participants will stop and jot down what they think each behavior is trying to communicate. Class share about their observations.

Cultural Influences/Reactions to Behavior**35 minutes**

- How does culture influence your own behavior?
- How did your parents react to you as a child? How do you react to your own children/students?
 - Instructor will share her own reflections, encouraging honesty and no judgement from peers. There will be small group (table) discussions about this – participants will share their similarities and differences.
- How can we reframe our thoughts when dealing with a difficult situation (i.e. child won't stop crying)?
 - Instructor will act out different scenarios of how to NOT deal with different behaviors. Participants will pair up to recreate the scenarios with reframing thoughts and share with group.
- How can we support parents' cultural influences and desires?
 - Brainstorm things they have noticed about parents' cultural influences that do not align with "best" practice or other held early childhood beliefs. Create a list of language we can reference to help us explain our practice to parents.

“Free Play”: Understanding Feelings**35 minutes**

- Participants will have the opportunity to move through “center” activities to practice/create games within the session they can then use as an activity in their programs.
 - Feelings Identification: Feelings Charades
 - Feelings Memory Game
 - Do Three Things Game: (<https://inspirationlaboratories.com/quick-play-idea-do-3-things-listening-game/>)
 - Feelings I-spy : (<https://www.andnextcomesl.com/2016/04/free-lego-emotions-themed-i-spy-printable-for-kids.html>)

Wrap-Up, Reflection, Action Planning**10 minutes**

- Review of the major takeaways
- Reflection:
 - Questions about content

- What strengths did you notice about yourself?
- What can you improve/do differently?
- What is one thing you learned today that you are going to try?

Appendix G

Pretest for Group Selection

1. What is social and emotional development?

- ☐ Development of the capacity of the child from birth through five years of age to form close and secure adult and peer relationships
- ☐ Regulation, and expression of emotions in socially and culturally appropriate ways
- ☐ Exploration of the environment and learning—all in the context of family, community, and culture
- ☐ All of the above (x)

2. Few infants are born biologically ready for relationships.

- ☐ True
- ☐ False (x)

3. How do mental health consultants promote young children's social and emotional development?

- ☐ Support social and emotional wellness for young children
- ☐ Refer parents to appropriate services
- ☐ Identify children with social and emotional problems and provide intervention treatment to them
- ☐ A & B above (x)

4. At what age do children experience intense feelings when separating or reuniting with parents, sometimes called "stranger anxiety"?

- ☐ Nine to twelve months (x)
- ☐ Twelve to eighteen months
- ☐ Eighteen to twenty-four months

5. At approximately what age do children begin to cry to signal pain, hunger, or distress?

- ☐ Birth to three months (x)
- ☐ Three to six months
- ☐ Six to nine months

6. At what age do children participate primarily in parallel play?

- ☐ Eighteen to twenty-four months
- ☐ Three to five years
- ☐ Two to three years (x)

Appendix H

Logic Model

Inputs (What we invest)	Outputs (What we do and who we do it for)		Outcomes – Impact (The incremental events/changes that occur as a result of the outputs)		
	Activities	Participation	Short	Medium	Long
Time for program development Staff partnerships Grant funding Space rental Research time/effort Coaches training Provider Feedback	In-class course topics: Overview of teaching social and emotional learning Developing Relationships Classroom practices and management Direct Teaching Interventions Additional: In-Home Coaching Provider Surveys	Approximately 60 family childcare providers located in East Harlem, in New York City that care for subsidized children.	Increased program quality, as related to social/emotional development. Increased knowledge of social/emotional development. Provider influence on course content.	Increased provider efficacy related to program development, identifying behavior problems, implementing interventions. Increased sensitivity and positive behaviors from providers. Deeper commitment to learning from providers.	Children have learned skills that will carry over to later schooling

Assumptions

Training will keep providers engaged.
 Providers will have more knowledge of social-emotional development in children and implement those practices in their programs.

External Factors

Consistent attendance
 Union funding
 Participant understanding and comprehension of topics

Appendix I

Informed Consent for Intervention

JOHNS HOPKINS UNIVERSITY HOMEWOOD INSTITUTIONAL REVIEW BOARD (HIRB)

RESEARCH PARTICIPANT INFORMED CONSENT FORM

Study Title: Intervention to Promote Social-Emotional Teaching Practices in Family Child Care Programs
Application No.: HIRB00008624

Principal Investigator: Dr. Elizabeth T. Brown
Student Researcher: Tamara Cella

You are being asked to join a research study. Participation in this study is voluntary. Even if you decide to join now, you can change your mind later. This study is being conducted as part of the student researcher's doctoral studies at Johns Hopkins University.

1. Research Summary (Key Information):

Complete details of the study are listed in the sections below. If you are considering participation in the study, the entire document should be discussed with you before you make your final decision. You can ask questions about the study now and at any time in the future.

- The purpose of this research study is to determine the effectiveness of a professional development program which has been developed by the student researcher, in increasing family childcare providers' knowledge and application of instructional strategies that foster students' social-emotional learning. Social-emotional learning process children use to understand and manage emotions, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.
- Participants (family child care providers) will attend professional development in order to increase their knowledge and use of instructional strategies that promote students' social-emotional learning. As part of the professional development, the participants will attend six 3-hour professional development workshops. Fifteen providers will be selected for four coaching sessions (one per month) led by the Student Investigator.
- The participants will be asked to complete an evaluative feedback form after each professional development session to guide the development and delivery of subsequent

professional development sessions.

- All 30 participants will be formally observed at two time points for one-hour each, at the start of the study and at the end of the study, in their home program. The student investigator will use the Teaching Pyramid Observation Tool, an instrument to rate the participants on the effectiveness of their instructional practice in fostering the students' social-emotional development.

2. Why is this research being done?

This research is being done to help develop a training program that will increase the knowledge and use of instructional practices that promote children's social-emotional learning in family child care programs. Social-emotional learning in young children is considered a 21st-century skill that children must develop in order to support school-readiness and future academic learning.

People with group family or family childcare licenses in New York State, and currently care for children with ACS vouchers may join.

3. What will happen if you join this study?

If you agree to be in this study, we will ask you to do the following things:

- Attend six, three-hour professional development sessions to be held at 315 W. 36th St, New York, NY 10018, on Saturdays from 9 a.m. to 12 p.m. You will be required to provide your own transportation to the sessions.
- During each professional development session, you will be asked to complete an evaluative feedback form that discusses the content and delivery of the session. This will take 5 minutes.
- Participate in a pre- and post- observation assessment or other coaching sessions at your program location, which will be done by the student researcher and take 60 minutes.
15 participants will be randomly, like drawing numbers from a hat, chosen to receive coaching visits. If you are one of the 15 randomly selected participants, you will participate in four coaching sessions with the researcher at your program location, for 60 minutes each.
- You will receive in-depth feedback on and strategies for improving your professional practice in the area of social-emotional learning, learn instructional strategies that may improve children's outcomes, particularly in the area of behavior.
- All 30 participants will be formally observed at two time points for one-hour each, at the start of the study and at the end of the study, in their home program. The student investigator will use the Teaching Pyramid Observation Tool, an instrument to rate the participants on the effectiveness of their instructional practice in fostering the students' social-emotional development.

3. How long will you be in the study?

You will be in this study for approximately 4 months.

4. What are the risks or discomforts of the study?

You may get tired or bored when we are asking you questions, or you are completing questionnaires. You do not have to answer any question you do not want to answer.

The risks associated with participation in this study are no greater than those encountered in daily life.

Participation and the observations in the study have no impact on your certification or your childcare practice. The researcher is required to report allegations of abuse or neglect, based on New York City and New York State mandated reporter requirements.

All data collected is solely for the purpose of the research study and will not be used to evaluate or otherwise affect you, as a child care provider, or your program.

5. Are there benefits to being in the study?

As a result of participating in the study, you will increase your knowledge and use of instructional practices that promote students' social-emotional learning. Social-emotional learning in young children is considered a 21st-century skill that children must develop in order to support school-readiness and future academic learning. You will receive in-depth feedback on and strategies for improving your professional practice in the area of social-emotional learning, learn instructional strategies that may improve children's outcomes, particularly in the area of behavior. You will also experience greater job satisfaction if the learned strategies foster enhanced provider and child outcomes.

By participating in this study, you may learn instructional strategies that more effectively provide your children with the social-emotional skills needed to succeed in kindergarten and academically in school. As a result, students may be better prepared for school, thus working to close the achievement gap identified between socio-economic classes. You may also share your new knowledge and expertise with other providers and parents who, in turn, may improve their students'/child's social-emotional development.

6. What are your options if you do not want to be in the study?

Your participation in this study is entirely voluntary. You choose whether to participate. An alternative is to not take part in the study. If you decide not to participate, there are no penalties, and you will not lose any benefits to which you would otherwise be entitled.

7. Will it cost you anything to be in this study?

Yes, the cost of traveling to the professional development sessions. If traveling via MTA, these costs will be \$33.00

8. Will you be paid if you join this study?

No

9. Can you leave the study early?

- You can agree to be in the study now and change your mind later, without any penalty or loss of benefits.

- If you wish to stop, please tell us right away.
- If you want to withdraw from the study, please email Tamara Cella, student researcher at tcella1@jhu.edu, to inform her of your withdrawal.

10. Why might we take you out of the study early?

You may be taken out of the study if:

- Your childcare license is suspended or revoked.
- Your enrollment drops to zero.
- The study is cancelled.

If you are taken out of the study early, Johns Hopkins may use or give out your information that it has already collected if the information is needed for this study or any follow-up activities.

11. How will the confidentiality of your data be protected?

Any study records that identify you will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Johns Hopkins University Homewood Institutional Review Board and officials from government agencies such as the National Institutes of Health and the Office for Human Research Protections. (All of these people are required to keep your identity confidential.) Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

To protect confidential information, all study records will be created and maintained by the student investigator and stored in a locked file cabinet. In addition, participant names on data sheets (classroom observations and survey responses) will be replaced with code numbers to maintain participant confidentiality. All electronic data will be stored and secured in a password-protected computer file. Only the student investigator and PI will have access to the computer files, which will be backed-up regularly to ensure their protection.

12. What other things should you know about this research study?

What is the Institutional Review Board (IRB) and how does it protect you?

This study has been reviewed by an Institutional Review Board (IRB), a group of people that reviews human research studies. The IRB can help you if you have questions about your rights as a research participant or if you have other questions, concerns or complaints about this research study. You may contact the IRB at 410-516-6580 or hirb@jhu.edu.

What should you do if you have questions about the study?

Call the principal investigator, Elizabeth T. Brown at (502) 974-9899.

You can ask questions about this research study now or at any time during the study, by talking to the researcher working with you, Tamara Cella at (917) 692-7397.

If you have questions about your rights as a research participant or feel that you have not been treated fairly, please call the Homewood Institutional Review Board at Johns Hopkins University at (410) 516-6580.

14. What does your signature on this consent form mean?

Your signature on this form means that: You understand the information given to you in this form, you accept the provisions in the form, and you agree to join the study. You will not give up any legal rights by signing this consent form.

**WE WILL GIVE YOU A COPY OF THIS SIGNED AND DATED
CONSENT FORM**

Signature of Participant	(Print Name)
Date/Time	

Signature of Person Obtaining Consent	(Print Name)
Date/Time	

NOTE: A COPY OF THE SIGNED, DATED CONSENT FORM MUST BE KEPT BY THE PRINCIPAL INVESTIGATOR; A COPY MUST BE GIVEN TO THE PARTICIPANT.

Biographical Statement

Tamara Cella was born in Brooklyn, New York to Italian parents. She attended New York City public schools for most of her life. Tamara attended NYU for undergraduate school, focusing her studies on Journalism before working as an Editor for Gannett and an Account Executive at a boutique public relations firm. During her journalistic career, Tamara developed a strong interest in education and shifted her focus to Early Childhood Education. She worked in a day care center as a toddler teacher while working on her Master of Science in Teaching from Fordham University. Upon graduating, she became a director of a new child care center where she filled all open spots, as well as hired and developed a brand new staff.

Wanting to try her hand at classroom teaching, Tamara returned to the New York City public school system for 9 years working in the South Bronx, as well as the Upper West Side of Manhattan. During this time, Tamara received her Master of Education in Early Childhood Special Education and primarily taught Kindergarten. She was a grade leader, and frequently worked to help new teachers implement curriculum and share best practices.

In 2014, she left the classroom to work in professional learning, overseeing a large professional development grants program for family child care providers in New York City. She also received her MBA at this time, and was able to apply her business acumen to increasing grant funding. It was also at this time that Tamara learned about the amazing work family child care providers do, as well as learned to consider the unique needs adults have in a classroom. In this position, Tamara developed her doctoral problem of practice around the social/emotional needs of children, particularly in family child care programs.

Tamara has provided professional learning for parents, teachers, administrators, paraprofessionals, school aides, college students, and all modalities of child care workers in various capacities all over the country.